

N96000000247

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : BALDY MARTINEZ P.A.
Account Number : I20110000042
Phone : (305)454-5804
Fax Number : (305)454-5808

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2024 JUL -1 PM 12 52
CLERK OF STATE
TAMM RAMSEY

**REGISTERED AGENT RESIGNATION
BELLE ISLE CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

A. RAMSEY
JUL 2, 2024

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Belle Isle Condominium Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N96000000247

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Baldy Martinez, Esq.

(Name of Person)

Baldy Martinez P.A.

(Name of Firm/Company)

1999 S.W. 27 Avenue, 1st Floor

(Address)

Miami, Florida 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Baldy Martinez P.A.

at (305) 454-5804

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2024 JUL -1 PM 12 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Baldy Martinez P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for Belle Isle Condominium Association, Inc.

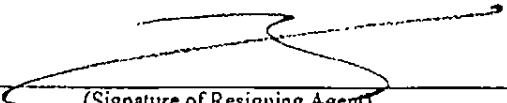
(Name of Corporation)

N96000000247

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Baldy Martinez
(Typed or Printed Name)

President
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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