

N99 000007553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

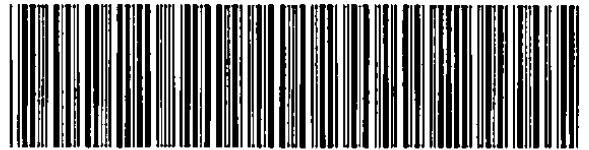
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA

T. LEMIEUX
NOV 23 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAJORCA PROPERTY OWNERS ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: 59-3653335

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:

A. KURT ARDAMAN

(Name of Person)

FISHBACK DOMINICK

(Name of Firm/Company)

1947 LEE ROAD

(Address)

WINTER PARK, FL 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

A. KURT ARDAMAN

407-262-8400

(Name of Person)

at (_____) _____

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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

Florida Statutes, the undersigned, A. KURT ARDAMAN

(Name of Registered Agent)

hereby resigns as Registered Agent for MAJORCA PROPERTY OWNERS ASSOCIATION, INC.

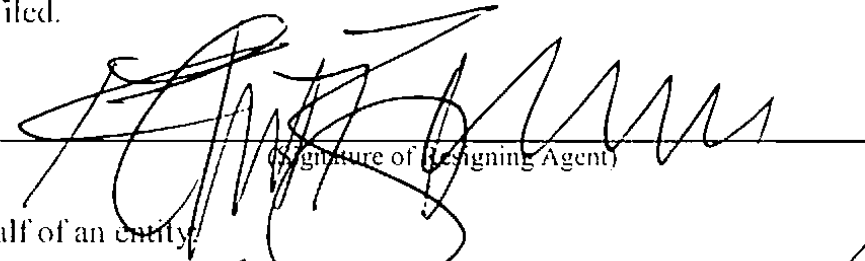
(Name of Corporation)

59-3653335

(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:

A. KURT ARDAMAN
(Typed or Printed Name)

Registered Agent
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

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withdrawn corporation

FILED
21 NOV -5 PM 3:14
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314