# P11000103492

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certificates of Status		
Special Instructions to Filing Officer		
Title & Signature		





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### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT:BERO PROPERTY MANAGEMENT CORP	
(Name of Corporat	ion)
DOCUMENT NUMBER: P11000103492	
The enclosed Resignation of Registered Agent for a Corpora	ntion and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Stephanie Harris	
(Name of Person)	
Law Office Harris & Associates LLC	
(Name of Firm/Company)	•
1551 Forum Place, 300E	
(Address)	•
West Palm Beach, FL 33401	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Stephanic Harrisat (	561 721-6484
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 2023 JUN -9 AH 7: 59

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Pursuant to the provisions of sections	607.0503(2), 617.0502(2), 607.15	09, or 617(1509, SEE, FL
Florida Statutes, the undersigned, Ste	phanie Harris	
Florida Statutes, the undersigned,	(Name of Registered A	vgent)
hereby resigns as Registered Agent fo	or	
	(Name of Corporation	m)
P11000103492		
(Document Number, if known)		
A copy of this resignation was mailed	I to the above listed corporation at	its last known address.
The agency is terminated and the offithis statement is filed.	Signature of Resigning Agent)	er the date on which
If signing on behalf of an entity:		
Dwayne Barrett		
	(Typed or Printed Name)	
President		
	(Capacity)	<del></del>

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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



August 3, 2023

STEPHANIE HARRIS 1551 FORUM PLACE, 300E WEST PALM BEACH, FL 33401

SUBJECT: IBERO PROPERTY MANAGEMENT CORP

Ref. Number: P11000103492

We have received your document for IBERO PROPERTY MANAGEMENT CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

If the corporation is a <u>PROFIT</u> corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

www.sunbiz.org

Letter Number: 823A00017538