

N99 000007553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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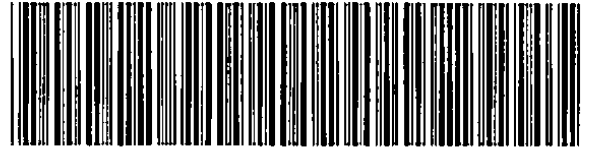
(Business Entity Name)

(Document Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

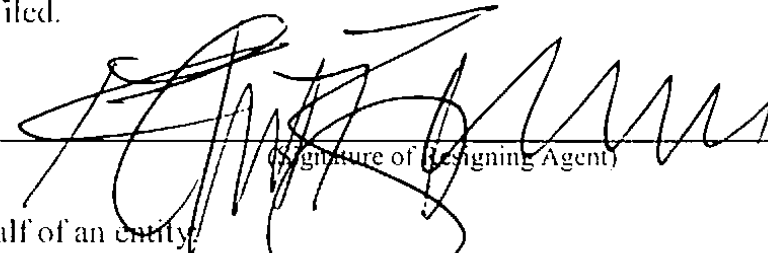
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, A. KURT ARDAMAN  
(Name of Registered Agent)

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

21 NOV -5 PM 3:14  
FILED  
STATE  
FLORIDA

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