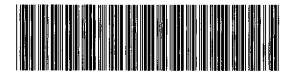
## 713963

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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DE NOV IL AM 9: 19
SECRETARY OF STATE

Open John

## **COVER LETTER**

Division of	of Corporations
SUBJECT: _	Penthouse Delray Association, Inc.
DOCUMENT 1	NUMBER: #713963
The enclosed Resi	gnation of Registered agent for a Corporation and fee are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
1850 F	Carmen Sierra (Name of Person)  - & Poliakoff, P. A. (Name of Firm/Company)  - Countainview Blvd. Ste #103 (Address)  - Lucie, FL 34986 (City/State and Zip Code)
Carmen Sie (Name of Enclosed is a chec	at ( 772 ) 871-9320 of Person)  Ck made payable to the Florida Department of State for \$87.50 for an active 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:** 

Amendment Section

Post Office Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E046(08/05) PSL\_DB: 1013\_I

**Street Address:** 

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

TO:

Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	7.0302(2), 617.0302(2), 607.1309, 6f 617.1309,	
Florida Statutes, the undersigned	Becker & Poliakoff, P. A.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for _	Penthouse Delray Association Inc.	
	(Name of Corporation)	
# 713963		
(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 disc this statement is filed.	igning Agent)	
(Signature of Res	igning Agent)	1
If signing on behalf of an entity:	SSEE.	M
Kenneth S. (Typed or Pri		<b></b>
Sharel (Capaci		

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ Withdrawn corporation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