

751478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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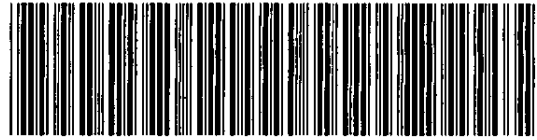
(Business Entity Name)

(Document Number)

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Resignation  
of RA

08/21/08--01015--001 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 AUG 21 PM 3:38

FILED

NR  
8/25/08

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REPRESENTATION OF COMMUNITY ASSOCIATIONS

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*Director of Client Services*  
MONICA VELIZ

*Firm Administrator*  
PATRICIA HERMOSA

August 14, 2008

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

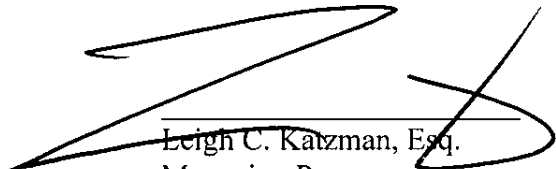
**Re: Parkway Grove Condominium Association, Inc.  
Resignation of Registered Agent**

Dear Sir / Madam:

Enclosed please find the *Resignation of Registered Agent or for a Corporation* which has been properly filled out by this office and. Furthermore, enclosed please find a check made payable to the Department of State in the amount of \$87.50. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN GARFINKEL



Leigh C. Katzman, Esq.  
Managing Partner

LCK:vv  
Enclosure

cc: Board of Directors  
Property Manager

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RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION

2008 AUG 21 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Katzman Garfinkel  
(Name of Registered Agent)

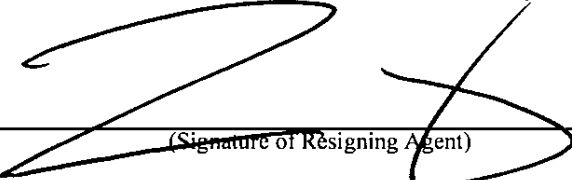
hereby resigns as Registered Agent for Parkway Grove Condominium Association, Inc.  
(Name of Corporation)

751478

(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:

Leigh C. Katzman, Esq.

(Typed or Printed Name)

Managing Partner of Katzman Garfinkel

(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