770952

(Requestor's Name)
(Address)
(Address)
(ridaress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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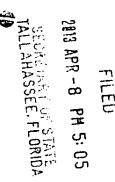
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resignation 86 RA

04/08/13---01028--006 **87.50



DR 4 /15/13 TO:

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Amendment Section

COVER LETTER

Division of Corporations		
SUBJECT: CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "2" ASSOCIATION, INC. (Name of Corporation)		
DOCUMENT NUMBER: 77	70952	
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:		
KATHERINE C. NUCKOLLS (Name of Person)		
RANDALL K. ROGER & ASSOCIATES, P.A. (Name of Firm/Company)	_	
621 NW 53rd St., Suite 300 (Address)		
Boca Raton, FL 33487 (City/State and Zip Code) For further information concerning this matter, please call		
rol future information concenting dus matter, prease can	1.	
Katherine C. Nuckolls at (561 (Name of Person) (Area Co) 988 - 5598 de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E046 (04/12)

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 2813 APR -8 PM 5: 05

SECREMENT OF STATE
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1504 or 617.1509,
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, RANDALL K. ROGER (Name of Registered Agent)
hereby resigns as Registered Agent for CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "2" ASSOCIATION, INC. (Name of Corporation)
770952
(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:
(Typed or Printed Name)
(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