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Division of Corporations

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From:

Account Name

: RITTER, ZARETSKY, LIEBER & JAIME, LLP

Account Number : 120010000015

; (305) 372-0933

Fax Number

: (305)704-8111

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

#### REGISTERED AGENT RESIGNATION LAS BRISAS AT COUNTRY CLUB OF MIAMI CONDOMINIUM ASSO

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11/20/2014

Amendment Section

# H140002705133

#### COVER LETTER

Division of Corporations	
SUBJECT: Las Brisas at Country Club of Miami Condominium Association, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: N04000001827	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin	ıg.
Please return all correspondence concerning this matter to the following:	
Louis D. Zaretsky, Esq.  (Name of Person)	
Ritter, Zaretsky, Lieber & Jaime, LLP  (Name of Firm/Company)	
2915 Biscayne Blvd, #300	
Miami, Florida 33137 (City/State and Zlp Code)	
For further information concerning this matter, please call:	
Louis D. Zaretskyat (305 ) 372-0933	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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

Florida Statutes, the undersigned, Ritter, Zaretsky & Lieber, LLP	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Las Brisas at Country Club of Miami Condominium Association, Inc.	
(Name of Corporation)	
N400001827	
(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:	111
Louis D. Zaretsky, Esquire  (Typed or Printed Name)	Ü
Partner Partner	

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

(Capacity)

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