## N05000007781

(Re	questor's Name)	
(Ad	dress)	<u></u> ,
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE FALL AHASSES, FLORIDA

C. LEWIS MAY 22 2014 EXAMINER

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	Courtyards at Davie Condominium Association, Inc.
	(Name of Corporation)
DOCU	MENT NUMBER: N05000007781
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Barry	y Blaxberg, Esq.
	(Name of Person)
Blax	rberg, Grayson & Kukoff, P.A.
	(Name of Firm/Company)
25 S	Southeast 2nd Avenue, Suite 730
	(Address)
Miar	mi, Florida 33131
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
I.Ba	rry Blaxberg, Esq. at (305 ) 381-7979 Ext. 311 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, Barry Blaxberg, Esq.
(Name of Registered Agent)
hereby resigns as Registered Agent for Courtyards at Davie Condominium Association, Inc.
(Name of Corporation)
N0500007781
(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:
Barry Blaxberg (Typed or Printed Name)
President
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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