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R.A. Resignation

## BECKER ↔

**Emerald Lake Corporate Park** 3111 Stirling Road Fort Lauderdale, FL 33312-6525 Phone: (954) 987-7550 Fax: (954) 985-4170 US Toll Free: (800) 432-7712

**Mailing Address:** P.O. Box 9057 Ft. Lauderdale, FL 33310-9057

**ADMINISTRATIVE OFFICE** 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 800.432.7712 U.S. TOLL FREE

March 24, 2008

Reply To: Fort Lauderdale Grace Nixon Manne, Esq. Direct dial: (954) 985-4175 GManne@becker-poliakoff.com

WWW.BECKER-POLIAKOFF.COM BP@BECKER-POLIAKOFF.COM

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Positano Place at Naples II Condominium Association, Inc. -Re:

The enclosed Resignation of Registered Agent for the above-referenced corporation is submitted for filing. Enclosed is a check in the amount of \$87.50

in payment of your fee. Please return all correspondence concerning this matter

Document Number: N05000008032 Resignation of Registered Agent

FLORIDA OFFICES

Dear Sir or Madam:

Very truly yours,

Drace Manne

Grace Nixon Manne

BOCA RATON FORT MYERS

FORT WALTON BEACH

HOLLYWOOD

HOMESTEAD

MELROLIRNE \*

MIAMI NAPLES

ORLANDO

PORT ST. LUCIE

SARASOTA TALLAHASSEE

TAMPA BAY

WEST PALM BEACH

For the Firm

Enclosure GNM/ms/~~

U.S. & GLOBAL OFFICES

cc:

Cypress Naples I, Ltd.

to the undersigned at the above address.

NEW YORK CITY

\* by appointment only

PARIS \*

BEIIING \*

PRAGUE

TEL AVIV

FTL\_DB: C06592/109413:1106730\_1\_GMANNE

Positano Place at Naples II Condominium Association, Inc.

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

200p. 1/2
RESIGNATION OF REGISTERED AGENT TASCONDARY OF PHILES
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Robert S. Forman (Name of Registered Agent)
hereby resigns as Registered Agent for Positano Place at Naples II Condominium  (Name of Corporation)
Association, Inc., N05000008032
(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) Robert S. Forman
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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