

NO. 70000003189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

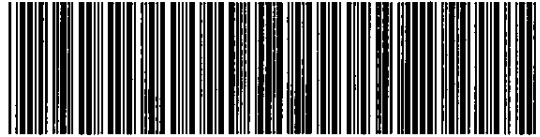
(Business Entity Name)

(Document Number)

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*Resignation  
of RA*

2009 NOV 17 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*Bob  
11/19/09*

ATTORNEYS AT LAW



COMMITTED TO COMMUNITY

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Monica Velez

November 12, 2009

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

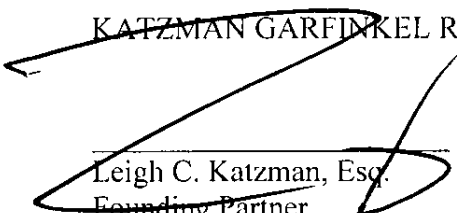
**Re: *Ocean Place at Silver Beach Association, Inc.  
Resignation of Registered Agent***

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 ROSENBAUM

  
Leigh C. Katzman, Esq.  
Founding Partner

LCK:vv

Enclosure

cc: Lester Dupuis, Community Association Manager

**KGRLawFirm.com**

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RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION

2008 NOV 17 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

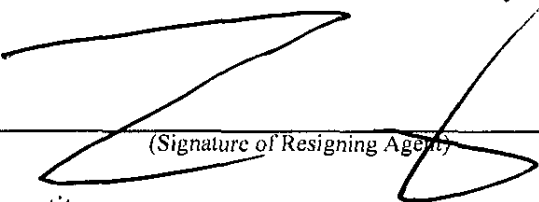
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Katzman Garfinkel, P.A.  
(Name of Registered Agent)

hereby resigns as Registered Agent for Ocean Place at Sliver Beach Association, Inc.  
(Name of Corporation)

N07000003189  
(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)

Founding Partner of Katzman Garfinkel, P.A.  
(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