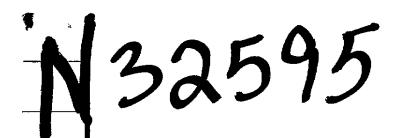
Office Support Systems POST OFFICE BOX 300157 FERN PARK, FLORIDA 32730-0157 City/State/Zip Phone

CR2E031(7/97)



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| I. | |
|-------------------------------------|---|
| (Corporation Name) | (Document #) |
| 2. (Corporation Name) | (Document #) |
| G. (Corporation Name) | ODOO33089105 -06/23/0001060003 (Document#) *****87.50 *****87.50 |
| 4. (Corporation Name) | (Document #) |
| ☐ Walk in ☐ Pick up time _ | Certified Copy |
| ☐ Mail out ☐ Will wait | Photocopy Certificate of Status |
| NEW FILINGS Profit | AMENDMENTS Amendment Amendment |
| Not for Profit | Resignation of R.A., Officer/Director |
| ☐ Limited Liability ☐ Domestication | Change of Registered Agent Dissolution/Withdrawal |
| Other | ☐ Merger |
| OTHER FILINGS | REGISTRATION/QUALIFICATION |
| Annual Report Fictitious Name | REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other |
| | |

Examiner's Initials

RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisions of sections | s 607.0502(2), 617.0502(2), 607.1509, | or 617.1509, |
|---|--|----------------------------|
| Florida Statutes, the undersigned, | William G Ferrara (Name of registered agent |) |
| hereby resigns as Registered Agent for | Or Northlake Village X Con (Name of corporation) | ndominium Association, Inc |
| A copy of this resignation was mailed | d to the above listed corporation at its la | ast known address. |
| The agency is terminated and the off this statement is filed. | ice discontinued on the 31st day after the | he date on which |
| - Wern | (Signature of resigning agent) | <u> </u> |
| If signing on behalf of an entity: | | |
| | (Typed or Printed Name) | OO JUN 3 |
| | (Capacity) | PM 1:2 |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314