N0500000 8928

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	*#)
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(Bı	isiness Entity Nan	ne)
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TALLAHASSEE FLORINA

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BECKER & POLIAKOFF

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

September 27, 2006

Reply To: Fort Lauderdale Doretta Martone Knoerr, Esq. Direct dial: (954) 985-4159 dknoerr@becker-poliakoff.com

800.432,7712 U.S. TOLL FREE

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

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

Re:

Blue Condominium Association, Inc. -Document Number: N05000008928

The enclosed Resignation of Registered Agent for the above-referenced

corporation and fee in the amount of \$87.50 are submitted for filing. Please

return all correspondence concerning this matter to the undersigned.

Resignation of Registered Agent

autanta Konan

Dear Sir or Madam:

Very truly yours,

Doretta Martone Knoerr

FLORIDA OFFICES

BOCA RATON FORT MYERS

FORT WALTON BEACH

HOLLYWOOD

HOMESTEAD

EARGO

MELBOURNE *

MIAMI NAPLES

ORLANDO

SARASOTA FACLAHASSEE

WEST PALM BEACH

Enclosure

For the Firm

cc:

Blue Condominium Association, Inc.

AFFILIATED OFFICES

8EIIING FRANKFURT

FTL DB: 1007628 1

NEW YORK

PRAGUE

TEL AVIV

^{*} by appointment only

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2)	, 617.0502(2), 6	07.1509, or	617.1509,	
Florida Statutes, the undersigned,	Ysella	Roberts			
		(Name of Regis	tered Agent)		• .
hereby resigns as Registered Agent for	Blue C	ondominium (Name of Co	Associa poration)	tion, Inc.	ی
N05000008928					
(Document Number, if known)				••	•
A copy of this resignation was mailed t	o the above	listed corporati	on at its last	known address.	
The agency is terminated and the office this statement is filed.	discontinu	ed on the 31st d	ay after the	date on which	
If signing on behalf of an entity:	UQ gnature of Re	Signing Agent)			
YSELL	ROBERIS				
	Typed or Prin	nted Name)			
				TAL SI O	
REGISTE	RED AGEN	ľ		GRI CAL	
	(Capac			TARY OF	<u>ፕ</u> = ባ
Fee for filin \$87.50 - Act \$35.00 - Ad	ive corpora		luntarily dis	STATE ORIDA) (

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

withdrawn corporation