## J89842

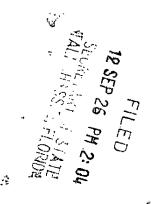
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## **COVER LETTER**

	(Name of Person)	(Area Co	ode & Daytime Telephone Number)
Bab	ette L. Ashley	904 at (	598-6128
For fu	rther information concerning this ma	atter, please cal	l:
	(City/State and Zip Code)		<del>_</del>
Jack	sonville, FL 32202		
	(Address)	-	_
50 N	. Laura Street, Suite 2600		
	(Name of Firm/Company)	)	
Smiti	h, Gambrell & Russell, LLP		
	(Name of Person)		<del>_</del>
Babe	ette L. Ashley		
Please	return all correspondence concerning	ng this matter to	the following:
The e	nclosed Resignation of Registered A	gent for a Corp	oration and fee are submitted for filing.
DOC	UMENT NUMBER: J89842	<del>,     </del>	
		(Name of Corpo	ration)
SURI	ECT: Cimarrone Golf and Countr	ry Club, Inc.	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

1 . 3

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Babette L. Ashley, f/k/a Babette L. Fletcher  (Name of Registered Agent)	
nereby resigns as Registered Agent for Cimarrone Golf and Country Club, Inc.	
(ivaline of Corporation)	
J89842 , A A A A A A A A A A A A A A A A A A	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	7
The agency is terminated and the office discontinued on the 31st day after the date on which his statement is filed.	7
Bolutte L. askley  (Signature of Resigning Agon)	
f signing on behalf of an entity:	
(Typed or Printed Name)	
(Canacity)	

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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