

670214

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0380

From:  
Account Name : ADORNO & YOSS, P.A. *mpm*  
Account Number : 076247002423  
Phone : (954) 763-1200  
Fax Number : (954) 766-7800

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DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION

CORAL GABLES ASSOCIATES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

03 FEB 28 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*RA Res.*  
*2/28/03*  
*sf*

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORAL GABLES ASSOCIATES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 670214

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS SOLOMON

(Name of Person)

ADORNO & YOSS, P.A.

(Name of Firm/Company)

700 SOUTH FEDERAL HIGHWAY, STE. 200

(Address)

BOCA RATON, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

DOUGLAS SOLOMON

(Name of Person)

at ( 561 ) 393-5660

(Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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CR2E046(11/02)

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**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, DOUGLAS SOLOMON

(Name of Registered Agent)

hereby resigns as Registered Agent for CORAL GABLES ASSOCIATES, INC.

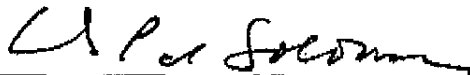
(Name of Corporation)

670214

(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:

(Typed or Printed Name)

(Capacity)

FILED  
03 FEB 28 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOUGLAS SOLOMON, ESQ. FL BAR #225800  
Adorno & Yoss, P.A.  
700 S. Federal Highway, Ste. 200  
Boca Raton, FL 33432  
(561) 393-5660

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