## 449803 Requester's Name



CR2E031(7/97)

MEMORIAL REGIONAL HOSPITAL & JOE DIMAGGIO CHILDREN'S HOSPITAL MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL PEMBROKE • MEMORIAL MANOR



3501 Johnson Street / Hollywood, FL 33021 South Broward Hospital District	· · · · · · · · · · · · · · · · · · ·	
ORPORATION NAME(S) & DOCU	Office Use Only  MENT NUMBER(S), (if known):	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document#) SDDB47384737 -12/26/0101028005 *****35.00 *****35.00	
(Corporation Name)  Walk in Pick up time _  Mail out Will wait	(Document #)  Certified Copy  Photocopy  Certificate of Status	
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other  V SHEPARD JAM 4 2002	
	Examiner's Initials	

OINSECRETATION OF CONTRACTOR

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Gary S. Barber (Name of registered agent)
hereby resigns as Registered Agent for Lago Mar Colony, Inc. (Name of corporation)
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)

## 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