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| (Requestor's Name) | | |
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| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | 3 | |
|---|------------------------------|--|
| COLLINS MANOR C | CONDOMINIUM, INC. | |
| | (Name of Corpora | ation) |
| DOCUMENT NUMBER: 7091 | 176 | |
| The enclosed Resignation of Reg | gistered Agent for a Corpo | oration and fee are submitted for filing. |
| Please return all correspondence | concerning this matter to | the following: |
| L. CHERE TRIGG, ESQ. | | |
| (Name of I | Person) | _ |
| SIEGFRIED RIVERA | | |
| (Name of Firm | /Company) | _ |
| 201 ALHAMBRA CIRCLE, 11TH FL | .OOR | |
| (Addre | :ss) | _ |
| CORAL GABLES, FL 33134 | | |
| (City/State and | l Zip Code) | _ |
| For further information concerni | ing this matter, please call | |
| L. CHERE TRIGG, ESQ. | at (| 442-3334 _) de & Davtime Telephone Number) |
| (Name of Person) | (Area Cod | te & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of se | ections 607.0505(2), 617.0502(2), 607.1509, or 617.1509. |
|---|---|
| Florida Statutes, the undersigned. | ed. HELIO DE LA TORRE |
| | (Name of Registered Agent) |
| hereby resigns as Registered A | COLLINS MANOR CONDOMINIUM, INC. |
| neredy resigns as registered re | (Name of Corporation) |
| 709176 | |
| (Document Number, if know | An) |
| A copy of this resignation was | mailed to the above listed corporation at its last known address. |
| The agency is terminated and t this statement is filed. | he office discontinued on the 31st day after the date on which |
| | Helio De La Torre |
| | (Signature of Resigning Agent) |
| If signing on behalf of an entity | y: |
| HELIO DE LA | A TORRE |
| | (Typed or Printed Name) |
| | |
| | (Caracia) |
| | (Capacity) |

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