

742847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document
by telephone call
Jk 9/16/08

Office Use Only



500135535295

09/11/08--01023--008 **87.50

RA Resign

FILED

08 SEP 11 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts SEP 16 2008

**BECKER &
POLIAKOFF**

**Emerald Lake Corporate Park
3111 Stirling Road
Fort Lauderdale, Florida 33312-6525
Phone: (954) 987-7550 Fax: (954) 985-4176
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
800.432.7712 U.S. TOLL FREE

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

September 4, 2008

**Reply To:
Fort Lauderdale
Lisa A. Magill, Esq.
Direct dial: (954) 965-5053
LMagill@becker-poliakoff.com**

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

Re: **Nobel Point Condominium Association, Inc.**

To Whom It May Concern:

Enclosed please find a Resignation of Registered Agent which we would like filed in connection with the above-referenced corporation. Also enclosed is check 170395 in the amount of \$87.50 representing your fee.

FLORIDA OFFICES
BOCA RATON
FORT MYERS
FORT WALTON BEACH
HOLLYWOOD
HOMESTEAD
MELBOURNE *
MIAMI
NAPLES
ORLANDO
PORT ST. LUCIE
SARASOTA
TALLAHASSEE
TAMPA BAY
WEST PALM BEACH

Very truly yours,



Lisa A. Magill
For the Firm

LAM/wk

Enclosure
FTL_DB: 1139649_1

U.S. & GLOBAL OFFICES
BEIJING *
NEW YORK CITY
PARIS *
PRAGUE
TEL AVIV *

* by appointment only

RESIGNATION OF REGISTERED AGENT

08 SEP 11 PM 3:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

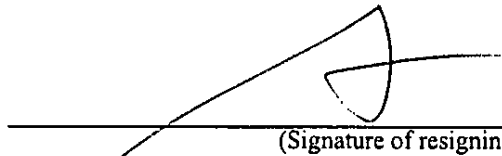
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Gary A. Poliakoff JD
(Name of registered agent)

hereby resigns as Registered Agent for Nobel Point Condominium Association, 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:

Gary A. Poliakoff, J.D.
(Typed or Printed Name)

President
(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