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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Coples	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE



COVER LETTER

10:	Amendment Section Division of Corporations
SUBJ	ECT: Berkerlin By The Seu a Consominium Association Inc.
DOC	UMENT NUMBER:
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
_#	NDRE MOISEUX (Name of Person)
	(Name of Firm/Company)
40	Harlour Dr. S. (Address)
Q	cean Ridge FL 33435 (Qty/State and Zip Code)
For fur	rther information concerning this matter, please call:
Ħ'n	DRE Noise of Person) at (50) 573-5769 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35.	ed is a check made payable to the Florida Department of State for \$87.50 for an active corporation .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ANDRE NOISEUX (Name of Registered Agent)
hereby resigns as Registered Agent for Blikshirl by The Leag Condominium (Name of Corporation) association Anc.
(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: HADRE MaisEux The Company of the Company
(Capacity) ORDE

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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