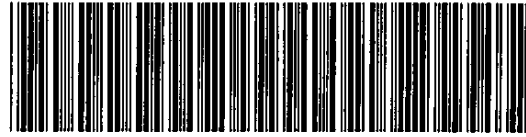


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**SENTRY
management** INC.

2180 W State Road 434 Ste 5000
Longwood FL 32779-5044
500310

(City/State/Zip/Phone #)

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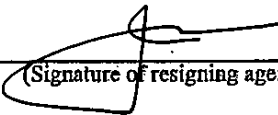
RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JAMES W HART JR
(Name of registered agent)

hereby resigns as Registered Agent for LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATION, INC.
(Name of corporation)
STATE DOCUMENT # 757180

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:

SENTRY MANAGEMENT INC

(Typed or Printed Name)

PRESIDENT

(Capacity)

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

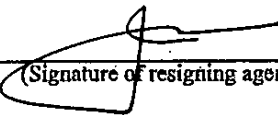
RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JAMES W HART JR
(Name of registered agent)

hereby resigns as Registered Agent for LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATION, INC.
(Name of corporation)
STATE DOCUMENT # 757180

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:

SENTRY MANAGEMENT INC
(Typed or Printed Name)

PRESIDENT
(Capacity)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:
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P.O. Box 6327
Tallahassee, FL 32314

✓ Filed
RRRRESIGN

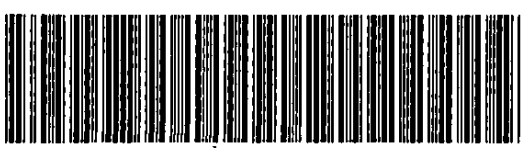
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TALLAHASSEE, FLORIDA

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(Address)

(Address)

(Requestor's Name)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SQUEEZE INVESTMENTS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000079581

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:

Arnon R. Cohen
(Name of Person)

Conde L. Cohen PL
(Name of Firm/Company)

150 E. Palmetto Park Rd #110
(Address)

Poca Rator, FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

Arnon R. Cohen at (561) 395-9123
(Name of Person) (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.

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, Conde & Cohen P.L.
(Name of Registered Agent)

hereby resigns as Registered Agent for SQWEEZE INVESTMENTS, INC.
(Name of Corporation)

P030000 79581
(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:

Aaron R. Cohen
(Typed or Printed Name)

Managing Member
(Capacity)

2006 DEC 11 AM 8:58
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TALLAHASSEE, FLORIDA

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Fee for filing this document:

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\$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