

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : RICARDO MARTINEZ-CID, P.A.
Account Number : 076640001666
Phone : (305) 859-7494
Fax Number : (305) 858-2513

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MARTINEZ CID @ AOL .COM

REGISTERED AGENT RESIGNATION
CALUSA CLUB VILLAGE CONDOMINIUM BLDG. C ASSOCIATION,

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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FLORIDA BAR NO. 157029 / AUDIT NUMBER: H10000232795 3

RICARDO MARTINEZ-CID

Professional Association
Attorney at Law

1699 Coral Way, Suite 510, Miami, Florida 33145-2860
Telephone (305) 859-7494 Facsimile (305) 858-2513
e mail: mtnezcid@aol.com

FACSIMILE TRANSMISSION

Number of pages sent: 4 (including this page)
SEND TO: Florida Department of State/Division of Corporations
P. O. Box 6327, Tallahassee, Florida 32314
VIA: (850) 617 6380
SENT BY: Ricardo Martinez-Cid, Esq.
DATE: October 25, 2010

Dear Sir/Madame:

My resignation as resident agent for Calusa Club Village
Condominium Bldg. C Association, Inc. follows, with your Electronic
Filing Cover Sheet.

Sincerely,

Martinez-Cid

Ricardo Martinez-Cid

RMC/ng

FLORIDA BAR NO. 157029 / AUDIT NUMBER: H10000232795 3

Ricardo Martinez-Cid, P.A.

1699 Coral Way, Suite 510

Miami, Florida 33145-2860

Telephone # (305) 859-7494

Facsimile # (305) 858-2513

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CALUSA CLUB VILLAGE CONDOMINIUM BLDG C ASSOCIATION, INC
(Name of Corporation)

DOCUMENT NUMBER: 762814

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:

RICARDO MARTINEZ-CID, ESQ.

(Name of Person)

1699 Coral Way, Suite 510

(Name of Firm/Company)

(Address)

MIAMI, FLORIDA 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

RICARDO MARTINEZ-CID, ESQ.

(Name of Person)

at (305) 632 1950

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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October 25, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CALUSA CLUB VILLAGE CONDOMINIUM BLDG. C ASSOCIATION, IN
SOCIATION, INC.
9200 SOUTH DADELAND BLVD., SUITE 314
MIAMI, FL 33156

SUBJECT: CALUSA CLUB VILLAGE CONDOMINIUM BLDG. C ASSOCIATION, INC.
REF: 762814

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: H10000232795
Letter Number: 710A00025157

850 245 6804
Attention Diane

**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, RICARDO MARTINEZ-CID, ESQ.

(Name of Registered Agent)

hereby resigns as Registered Agent for CALUSA CLUB VILLAGE CONDOMINIUM BLD.

(Name of Corporation)

762814

(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:

(Typed or Printed Name)

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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