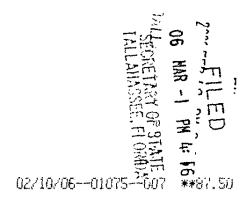
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C. Coulliette FEB 1 0 2008

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R	equester's Name					
	Address					
City/State/	Zip Phone	#				
Please call June at 222-6891 when Thank you!		when ready.				
				Office Use Only		
CORPORATION	NAME(S) & DOC	CUMENT NUMB	ER(S), (if k	nown):		
. 4	· Dan T	ower. De	a a			
1. 10 me	orporation Name)	(Doc	ument #)			
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2(C	orporation Name)	(Doc	ument #)			
3(C	orporation Name)	(Doci	ıment #)			
4(C	orporation Name)	· (Doct	ıment #)			
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☐ Mail out	☐ Will wait	Photocop		Certificate of Status		
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NEW FILINGS	NEW FILINGS		ENTS	Copy	5-09	
Profit		Amendr	.10.11			
Limited Liability Domestication			Resignation of R.A., Officer/Director Change of Registered Agent			
		Dissolut	Dissolution/Withdrawal			
<b>U</b> Other						
OTHER FILING	<u>GS</u>	REGISTRA	TION/QU	ALIFICATION		
Annual Report		Foreign				
☐ Fictitious Na		Limited Partnership Reinstatement				
		Tradema				
		Other				

Examiner's Initials



February 13, 2006

**GREENBERG TRAURIG** 

TALLAHASSEE, FL

SUBJECT: GABLES PARK TOWER, LTD.

Ref. Number: A0000000666

We have received your document for GABLES PARK TOWER, LTD. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

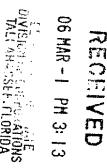
Resigning agent must sign.

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) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 106A00010226



## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: GABLES PARK TOW					
(Name of Limited Partnership or Limited Liability Limited Partnership)					
DOCUMENT NUMBER: <u>A0000000666</u>					
The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to:				
Pedro A. Martin					
(Contact Person)		•			
Greenberg Traurig, P.A.					
(Firm/Company)					
1221 Brickell Avenue		_			
(Address)					
Miami, FL 33131					
(City, State and Zip Code)					
For further information concerning this matter, please call:					
Pedro A. Martin	305 ر	<sub>)</sub> 579-0545			
(Name of Contact Person)	(Area Code	and Daytime Telephone Number)			
Enclosed is a check made payable to the Florida Department of State for:					
□ \$87.50 Filing Fee □ \$140.00 (\$87.50)	Filing Fee and	\$52.50 Certified Copy Fee)			
STREET ADDRESS: MAILING ADDRESS:					
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
Clifton Building	P. O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32301	i allaha	ssee, FL 32314			
INHS16 (01/06)					

## RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,
Pedro A. Martin , hereby resigns as
(Name of Registered Agent)
Registered Agent for GABLES PARK TOWER, LTD.  (Name of Limited Partnership or Limited Liability Limited Partnership)
A0000000666
(Florida Document Number, if known)
The agent is terminated on the 31 <sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.  Signature of Registered Agent
If signing on behalf of an entity:
Pedro A. Martin
Typed or Printed Name
Registered Agent
Capacity

Filing Fee: \$87.50 Certified Copy (optional): \$52.50