. A12258	
c (Requestor's Name) (Address) (Address)	400020896354
(City/State/Zip/Phone #)	06/23/0301030020 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	U8/20/0301084001 **S2.S0
Special Instructions to Filing Officer:	03 AUG 20 PH 1: 32 ALLAHASSEE, FLORIDA

Les Polack



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 30, 2003

MICHAEL KATZ MK REAL ESTATE GROUP, INC. 1 SE 3RD AVE, SUITE 2220 MIAMI, FL 33131

SUBJECT: GABLES CORPORATE PLAZA, LTD. Ref. Number: A12258

We have received your document for GABLES CORPORATE PLAZA, LTD. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6957.

Pamela Smith Document Specialist

Letter Number: 703A00039233

RECEIVED 03 AUG 10 AH 9: 35 11. SIDN OF CORPORATION

RECEIVED

JUL 0 3 2003 MK REAL ESTATE GROUP. INC.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

laza, Lt (Name of Corpora SUBJECT: A12258 **DOCUMENT NUMBER:** 1.0

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:

Michael Katz <u>MK Real Estate Group, Inc.</u> (Name of Firm/Company) <u>ISE Third Avenue</u>, Suite 2220 SE Third Avenue (Address) FL 33131 (City/State and Zip Code) Miami

For further information concerning this matter, please call:

richael at (<u>305</u>) <u>530-3505</u> (Area Code & Daytime Telephone Number) (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

í.

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

hereby resigns as Registered (Name of Registered Agent) COSPOS e. ables G \circ C Agent for (Name of Limited Partnership) ∂ (Document Number, if known)

A copy of this resignation was mailed to the above listed partnership 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)

80

AUG 20

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1:32

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FILING FEE: \$87.50

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314