L00000008570

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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resignation 80

08/24/06--01007--022 **35.00

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: WATERMEN & CAYON CONDOMINIUM, LLC (Name of Corporation)
DOC	CUMENT NUMBER: L00000008570
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
Ped	Iro A. Martin (Name of Person)
Gre	enberg Traurig, P.A. (Name of Firm/Company)
122	1 Brickell Avenue (Address)
Mia	mi, FL 33131 (City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Ped	ro A. Martin at (305) 579-0545 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Pe	edro A. Martin	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	WATERMEN & CAYON CONDOMINIUM, LLC	
	(Name of Corporation)	- , –
L00000008570		
(Document Number, if known)		12
A copy of this resignation was mailed t	o the above listed corporation at its last known address.	-
this statement is filed.	discontinued on the 31st day after the date on which	
If signing on behalf of an entity:		
Pedro A. Martin		
	(Typed or Printed Name)	
Registered Agent		
	(Canacity)	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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