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## **COVER LETTER**

SUBJECT: Pineland Preserve Center Condominium Association Inc.  (Name of Corporation)  DOCUMENT NUMBER: N00000002853  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:  Thomas W. Olsen III  (Name of Person)  (Name of Firm/Company)  706 S. Dixie Highway, 2nd Floor  (Address)  Coral Gables, FL 33146  (City/State and Zip Code)  For further information concerning this matter, please call:  Ernesto Sosa  at (305) 259-1500  (Area Code & Daytime Telephone Number)	TO: Amendment Section Division of Corporations	
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	(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 corpora	Enclosed is a check made naughle to the Florida Department of State for \$97.50 for an active acc	mor^

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 pr	rovisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617	7.1509,	
Florida Statutes	the undersigned,Th	omas W. Olsen III		
(Name of Registered Agent)				
hereby resigns as	Registered Agent for	Pineland Preserve Center Condomin	ium Associ	
, ,	5	(Name of Corporation)		
N000000285	3			
(Document	Number, if known)	<del></del>		
A copy of this res	signation was mailed to	o the above listed corporation at its last known	own address.	
The agency is ten this statement is f	filed.	discontinued on the 31st day after the date	on which	
If signing on beha	alf of an entity:	•		
	Thomas W. Olsen	ı III	2009 FEB SECRETA	
	(	Typed or Printed Name)		
	President		12 A MARY O ASSEE	
		(Capacity)	MIII:	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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