A Partnership of Professional Corporations

CUMMINGS & LOCKWOOD

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Walden Center at Pelican Landing 24311 Walden Center Drive, Suite 201 Bonita Springs, FL 34134-4937 941.947.8811

941.947.8811 Fax 941.47.82.5 www.cl-law.com Stamford Hartford Greenwich New Haven West Hartford Naples Bonita Springs

*****87.50 *****87.50

October 19, 2001

Marve Ann Alaimo Master of Laws in Estate Planning 941-947-8811, Fax 941-430-3370 malaimo@cl-law.com

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Botanical Gardens of Bonita Springs, Inc.

Tax Identification No. 59-3670460

Dear Sir or Madam:

Enclosed please find a *Resignation of Registered Agent* and this firm's check in the amount of \$87.50. Please file this document in your usual manner.

To indicate your receipt of the enclosed, please time and date stamp a copy of the *Resignation* and return the same to me. An extra copy of the *Resignation* and a self-addressed, stamped envelope are enclosed for your convenience.

Very truly yours,

Marve Ann/Alaimo

Enclosures

cc: Botanical Gardens of Bonita Springs, Inc. (w/encl.)
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RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.0502(2)	.1509,
Florida Statutes, the undersigned, MARVE ANN ALAIMO, ESO. (Name of registered agent)	
hereby resigns as Registered Agent for BOTANICAL GARDENS OF BONITA (Name of corporation)	SPRINGS, INC.
A copy of this resignation was mailed to the above listed corporation at its last know	n address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n which
(Signature of resigning agent) If signing on behalf of an entity:	OI OCT 26 MM 8: 08 SECRICIARY OF STAIL
(Typed or Printed Name)	`-
(Capacity)	· •

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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