N02824

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

STECCRIED, RIVERAL LERNIER, DE LA TORRE & SOBEL PA

201 ALHAMBRA CIRCLE | SUITE 1102 | CORAL GABLES, FLORIDA 33134 MIAMI-DADE 305.442.3334 | FAX 305.443.3292 | TOLL FREE 800.737,1390

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WARIAS@SIEGFRIEDLAW.COM

REPLY TO CORAL GABLES OFFICE

October 14, 2008

VIA FEDERAL EXPRESS

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

DANIEL J. BARSKY B. MICHAEL CLARK, JR. CHRISTOPHER J. DIMARE

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CARIDAD RESCOND

TIFFANY M. SEEMAN NICHOLAS D. SIEGERIED

L. CHERE TRIGG

OF COUNSEL H. HUGH McCONNELL, P.A.

Lakes of the Meadow Village Homes Condominium No. One Re:

Maintenance Association, Inc.

Lakes of the Meadow Village Homes Condominium No. Two Maintenance Association, Inc.

Lakes of the Meadow Village Homes Condominium No. Three Maintenance Association, Inc.

Lakes of the Meadow Village Homes Condominium No. Four Maintenance Association, Inc.

Lakes of the Meadow Village Homes Condominium No. Five Maintenance Association, Inc.

Lakes of the Meadow Village Homes Condominium No. Six Maintenance Association, Inc.

Lakes of the Meadow Village Homes Condominium No. Seven

Maintenance Association, inc.

Lakes of the Meadow Village Homes Condominium No. Eight

Maintenance Association, Inc.

Lakes of the Meadow Village Homes Condominium No. Nine

Maintenance Association, Inc.

("Associations")

Dear Sir/Madame:

Enclosed please find an original and one (1) copy of the Resignation of Registered Agent for each of the above referenced corporations, together with our check in the sum of \$787.50 (\$87.50 x 9) to cover the fees for filing same. Please date stamp the copy and return same to the undersigned in the enclosed self-addressed stamped envelope.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

SIEGFRIED, RIVERA, LERNER,

VI CUMUU MA

MVA/bly Enclosures

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.	1509, or 617.1509,	
Florida Statutes, the undersigned,	SKRLD, INC. (Name of Registered	d Acont	
hereby resigns as Registered Agent fo	LAKES OF THE MEADOW VILL	AGE HOMES CONDOMINIUM NO. FO	OUR
N02824			
(Document Number, if known)			
A copy of this resignation was mailed	to the above listed corporation a	at its last known address.	
The agency is terminated and the office this statement is filed.	ce discontinued on the 31st day a	after the date on which	
	<u></u>	•	
(Signature of Resigning Agent)		
If signing on behalf of an entity:			
LISA A. I		SSET S	
	(Typed or Printed Name)	PH :: 43 OF STATE E. FLORID	
SECRETARY	,	5元 ひ	
	(Capacity)		

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