N03000003333

(Re	equestor's Name)	· · ·	
(Ac	idress)		
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(Ci	ty/State/Zip/Phone	#) -	•
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(Bu	usiness Entity Nam	e)	•
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COVER LETTER

Division of Corporations SUBJECT: ISLA BELLA II AT MEDITERRANEA PROPERTY OWNER'S ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N03000003333 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: Carla A. Jones, Esq. (Name of Person) Walton Jones + Browne (Name of Firm/Company) 1999 SW 27th Avenue, First Floor (Address) Miami, FL 33180 (City/State and Zip Code) For further information concerning this matter, please call: Carla A. Jones, Esq. 305 854-2233 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

TO:

Amendment Section

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, Carla A. Jones, Esq.
(Name of Registered Agent)
hereby resigns as Registered Agent for ISLA BELLA II AT MEDITERRANEA POA, INC.
(Name of Corporation)
N03000003333
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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 of Resigning Agent)
If signing on behalf of an entity:
Carla A. Jones, Esq.
Carla A. Jones, Esq. (Typed or Printed Name)
(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withdrawn corporation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