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| (Requestor's Name) |
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| (Address) |
| · (Address) |
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| (City/State/Zip/Phone #) |
| , , , |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Special modulons to 1 ming Officer. |
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Office Use Only



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Joseph March

TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporations | Date: 09/16/03 Time: 5:15 P.H. |
|-----------------|---|---|
| SUBJ | ECT: Bellanor at Beach walk I Condomic (Name of Corporation) | ivu Association Inc. |
| DOC | UMENT NUMBER: NO 30000 3080 | |
| The en | nclosed Resignation of Registered Agent for a Corporation and fee | are submitted for filing. |
| Please | return all correspondence concerning this matter to the following | : |
| | (Name of Person) | |
| Bei | Name of Firm/Company) | rciation Inci |
| 110 | 30 N. Kendall Drive Suite 100 (Address) | |
| M | (City/State and Zip Code) | - |
| For fu | urther information concerning this matter, please call: | |
| Ē | (Name of Person) at (305) 271-6 (Area Code & Daytime) | 9 9 7 Telephone Number) |
| Enclo or \$3 | sed is a check made payable to the Florida Department of State fo 5.00 for an administratively dissolved, voluntarily dissolved or wit | \$87.50 for an active corporation hdrawn corporation. |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

4 3

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, Gabrie Villar (Name of Registered Agent) |
| hereby resigns as Registered Agent for Bellanar at Beachwalk I Condominium Association (Name of Corporation) |
| (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. |
| SOM. |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) (Typed or Printed Name) |
| Registered Agent & President |

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