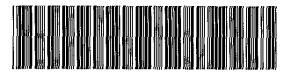
## N04000004565

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sobay Association, Inc. (Name of Corporation)  DOCUMENT NUMBER: NO4000004565
DOCUMENT NUMBER: N 0 4 0000 0 4 5 6 5
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:
(Name of Firm/Company)  9/30 5- Dadeland Blud, Suite-1910  (Address)
Miami, Florida 33156 (City/State and Zip Code)
For further information concerning this matter, please call:
Philip Horowitz at (305) 670.1915  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	orowitz, Philip R.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Sobay Association, Inc. (Name of Corporation)	
N04000004565		4 (4 consists )
(Document Number, if known)	· · ·	
A copy of this resignation was mailed to	the above listed corporation at its last known addre	<b>:ss.</b>
this statement is filed.	discontinued on the 31st day after the date on which	
	rathre of Recipping Agent)	
If signing on behalf of an entity:		
Philip &		± M 9 D 0
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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