N04000008217

(Re	equestor's Name)	
(Ad	dress)	······································
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

Division of Corporations			
SUBJECT: Shorehaven Estates L	Lock Maintenance Association, Inc.		
	(Name of Corporation)		
DOCUMENT NUMBER: N0400	0008217		
The enclosed Resignation of Register	red Agent for a Corporation and fee are submitted for filing.		
Please return all correspondence con-	cerning this matter to the following:		
Marianne H. LePera, Esq.			
(Name of Person	n)		
Henderson, Franklin, Starnes &	Holt, P.A.		
(Name of Firm/Com	npany)		
3451 Bonita Bay Blvd., Suite 206	6		
(Address)			
Bonita Springs, Florida 34134			
(City/State and Zip	Code)		
For further information concerning the	his matter, please call:		
Marianne H. LePera	at (239) 344-1366 (Area Code & Daytime Telephone Number)		
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.			
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, Gregory Erdman	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Shorehaven Estates Lock Maintenance Association, In (Name of Corporation)	c
N0400008217	
(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) NOTICE ARRAY ARRAY	
If signing on behalf of an entity:	
Gregory Erdman	
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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