## N0500000 4312

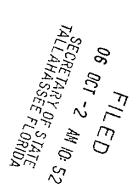
| (Re                                     | equestor's Name)   |             |
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## **COVER LETTER**

| FO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: GROVENOR HOUSE CONDOMINIUM ASSOCIATION, INC.   |
| (Name of Corporation)   |
| DOCUMENT NUMBER: N05000004312   |
| 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:   |
| Dowatta Martona Vacory Esa  |
| Doretta Martone Knoerr, Esq.  (Name of Person)  |
| (Name of Ferson)  |
| n la constituit na natituit   |
| Becker & Poliakoff, P.A.  |
| (Name of Firm/Company)  |
| 3111 Stirling Road  |
| (Address)   |
|   |
| Fort Lauderdale, FL 33312   |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Doretta Martone Knoerr at (954) 985-4159  (Name of Person) (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of State for \$87.50 for an active corports \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 6 | 07.0502(2), 617.0502(2), 607.1509, or 617.1509,                            |
|--|--|
| Florida Statutes, the undersigned,       | ARTHUR J. MURPHY (Name of Registered Agent)                                |
| hereby resigns as Registered Agent for   | GROVENOR HOUSE CONDOMINIUM ASSOCIATION, INC                                |
|  | (Name of Corporation)  |
| N05000004312                             |  |
| (Document Number, if known)              |  |
| A copy of this resignation was mailed to | o the above listed corporation at its last known address.                  |
| this statement is filed.                 | gnature of Resigning Agent)  |
|  | Typed or Printed Name)  TALLARY OF S  (Capacity)  TALLARY OF S  (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