1050005834

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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ADMINISTRATIVE OFFICE

3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 800.432.7712 U.S. TOLL FREE

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December 20, 2007

Reply To:

Direct dial: (561) 989-7603

RRubinstein@becker-poliakoff.com

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Savannah at Riverside Condominiums Association, Inc.

Documents Number N05000005834

Dear Sir or Madam:

Enclosed herewith for filing with your office is a Resignation of Registered Agent for Savannah at Riverside Condominium Association, Inc. along with a check in the amount of \$87.50 to cover the filing fee for same. Please immediately have this office removed as registered agent for the above mentioned corporation.

If you should have any questions in this regard, please do not hesitate to contact the undersigned. Thanks you for your prompt attention to this matter.

Sincerely,

Poles Rubistan
Robert Rubinstein

For the Firm

RR/ms

Enclosure

U.S. & GLOBAL OFFICES

BEIJING *

NEW YORK CITY

PARIS *

PRAGUE

TEL AVIV

* by appointment only

cc: Savannah at Riverside Condominiums Association, Inc.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Robert Rubinstein, Esq.	
Tiorida Statutos, tile undersigned,	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Savannah at Riverside Condominium Associațion, Inc. (Name of Corporation)	
N05000005834		
(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:		
Robert Rubins (** Registerd A	Typed or Printed Name) ARE CC 2	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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