

N06000000025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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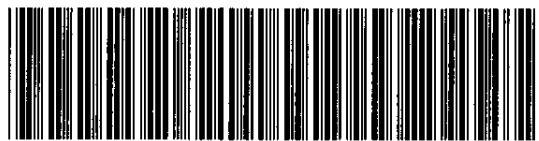
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.A. Charge
C.COULLETTE

NOV 13 2008

EXAMINER

A LAW FIRM DEVOTED PRIMARILY TO THE
REPRESENTATION OF COMMUNITY ASSOCIATIONS



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MARLA S. KASTEL

Director of Finance
INDRANI S. PARSAUD

Director of Operations
CORBYN A. GRIECO

Director of Client Services
MONICA VELEZ

Firm Administrator
PATRICIA HERMOSA

November 6, 2008

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

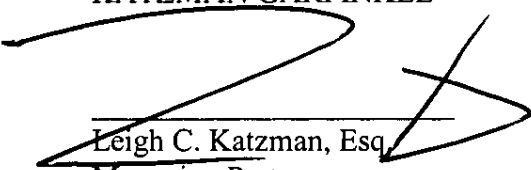
**Re: Club Caribe Condominium Association, Inc.
Resignation of Registered Agent**

Dear Sir / Madam:

Enclosed please find the *Resignation of Registered Agent or for a Corporation* which has been properly filled out by this office and. Furthermore, enclosed please find a check made payable to the Department of State in the amount of \$87.50. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN GARFINKEL



Leigh C. Katzman, Esq.
Managing Partner

LCK:vv

Enclosure

cc: Board of Directors
Property Manager

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

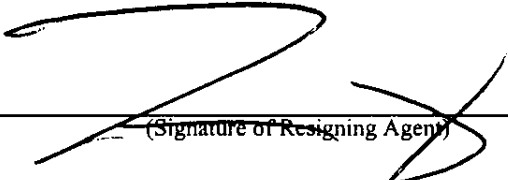
Florida Statutes, the undersigned, Katzman Garfinkel P.A.
(Name of Registered Agent)

hereby resigns as Registered Agent for Club Caribe Condominium Association, Inc.
(Name of Corporation)

N06000000025
(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:

Leigh C. Katzman, Esq.
(Typed or Printed Name)

Managing Partner of Katzman Garfinkel, P.A.
(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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