no6000000797

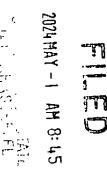
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Corporations | | |
|--|-----------------|------------|
| PARK VILLAS CONDOMINIUM ASSOCIATION, INC. | | |
| (Name of Corporation) | | |
| DOCUMENT NUMBER: N06000000797 | | |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted | I for filing. | |
| Please return all correspondence concerning this matter to the following: | | |
| REBECCA N. CASAMAYOR, ESQ. | . 2 | |
| (Name of Person) | 024 8 | গ ব |
| HABER LAW, LLP | 2024 HAY -1 | ع : سرم |
| (Name of Firm/Company) | ic E | - 17 |
| 251 NW 23rd Street | AH 8 | |
| (Address) | 8: t 5 | |
| MIAMI, FL 33127 | Oi | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| JESSICA FELIPE 305 379-2400 at () | | |
| (Name of Person) (Area Code & Daytime Telephone Numl | ber) | |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of section | as 607.0503(2), 617.0502(2), 607.1509, or 617 | .1509. | |
|--|--|----------------|-------|
| Florida Statutes, the undersigned. | laber Law, LLP f/k/a Haber Law, P.A. | | |
| | (Name of Registered Agent) | | |
| hereby resigns as Registered Agent | PARK VILLAS CONDOMINIUM ASSOCIATIO | N, INC. | |
| | (Name of Corporation) | | |
| N06000000797 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was maile | ed to the above listed corporation at its last kno | own address. | |
| The agency is terminated and the of this statement is filed. | fice discontinued on the 31st day after the date | on which HA | |
| _ LOOL | 100 yetge | | |
| | (Signature of Resigning Agent) | AH. | |
| If signing on behalf of an entity: | , | 8: 4: 5 | View. |
| REBECCA N. CASA | MAYOR, ESQ. | | |
| | (Typed or Printed Name) | | |
| EQUITY PARTNER | | | |
| | (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