

1406000004672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

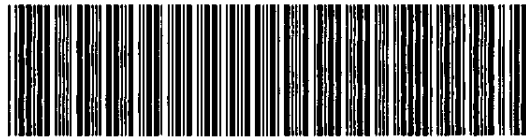
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300212865933

10/07/11--01030--015 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT -7 AM 10:08

FILED

RA
TC
[Signature]

10-10-11

COLEMAN, YOVANOVICH & KOESTER, P.A.
ATTORNEYS AT LAW

Kevin G. Coleman
Richard D. Yovanovich
Edmond E. Koester
William M. Burke
Gregory L. Urbancic
Matthew L. Grabinski

NORTHERN TRUST BANK BUILDING
4001 Tamiami Trail North
Suite 300
Naples, FL 34103
239-435-3535
239-435-1218 Facsimile

Linda C. Brinkman
Craig D. Grider
Matthew M. Jackson
Jeffrey J. Beihoff
Harold J. Webre
Caroline M. Magliolo

Of Counsel:

Kenneth R. Johnson

Writer's Email:
mgrabinski@cyklawfirm.com

October 5, 2011

Amendment Section
Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Resignation of Registered Agent for
Italia at Treviso Bay Neighborhood Association, Inc.
Document Number N06000004672**

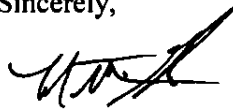
To Whom It May Concern:

The enclosed Resignation of Registered Agent for a Limited Liability Company and our firm's check in the amount of \$87.50 are submitted for filing. Please forward all future correspondence related to this entity to:

Gerald Pietroforte
Managing Director
A&M~NYC
125 Park Avenue, Suite 2500
New York, New York 10017

If you have any questions regarding the enclosed Resignation, please contact Cheryl Hillesheim at the number and address shown above.

Sincerely,



Matthew L. Grabinski, Esq.

Enclosure

**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, Matthew L. Grabinski, Esq.
(Name of Registered Agent)

hereby resigns as Registered Agent for Italia at Treviso Bay Neighborhood Association,
(Name of Corporation) Inc.

N06000004672

(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:

(Typed or Printed Name)

(Capacity)

2011 OCT -7 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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**