## ND6000005386

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Olty/State/Zip/Filone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: HAWTHORNE HIGHLANDS CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: N06000005386
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:
Kelley McLaren
(Name of Person)
Trigild
(Name of Firm/Company)
12707 High Bluff Dr Ste 300
(Address)
San Diego CA 92130
(City/State and Zip Code)
For further information concerning this matter, please call:
Kelley McLAren at (858) 720-6700 (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of State for \$87.50 for an active corporatio or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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CR2E046(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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, Ba	sil Leung
	(Name of Registered Agent)
hereby resigns as Registered Agent for	THE HAWTHORNE HIGHLANDS CONDOMINIL,
	(Name of Corporation)
N06000005386	
(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 this statement is filed.	discontinued on the 31st day after the date on which
<u>Basil</u>	Leun-9 gnature of Resigning Agent)
If signing on behalf of an entity:	
	Typed or Printed Name)
	097

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withdrawn corporation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

(Capacity)