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SIVISION OF CORPORATE A



### **COVER LETTER**

Division of Corporations	
DE SOLEIL SOUTH BEACH RESIDENTIAL CO	NDOMINIUM ASSOCIATION, INC.
(Name of Cor	rporation)
DOCUMENT NUMBER: N06000006752	
The enclosed Resignation of Registered Agent for a Co	orporation and fee are submitted for filing
Please return all correspondence concerning this matte	r to the following:
Carolina Sznajderman Sheir, Esq.	
(Name of Person)	<del></del>
Eisinger, Brown, Lewis, Frankel & Chaiet, P.A.	
(Name of Firm/Company)	<del></del>
4000 Hollywood Boulevard, Suite 265-S	
(Address)	
Hollywood, Florida 33021	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Carolina Sznajderman Sheir 954	894-8000
	Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	f sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersi	gned. Eisinger, Brown, Lewis, Frankel & Chaiet, P.A.	
	(Name of Registered Agent)	
hereby resigns as Registered	A vent for DE SOLEIL SOUTH BEACH RESIDENTIAL CONDOMINIUM A	SSOCIATIO
neredy resigns as registered	(Name of Corporation)	
N06000006752		
(Document Number, if ki	nown)	
A copy of this resignation w	as mailed to the above listed corporation at its last known address.	
The agency is terminated another that the statement is filed.	d the office discontinued on the 31st day after the date on which	<u> </u>
	(Signature of Resigning Agent)	AN DESTA
If signing on behalf of an en		45,000 45,000 45,000 43,400 43,400
Carolina Szr	najderman Sheir, Esq.	22 :
	(Typed or Printed Name)	
ATTORNE	Y	
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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