NDUODODIDILO

| (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: | | | |
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Office Use Only



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SECRETARY OF STATE



| TO: Amendment Section Division of Corporations | | |
|--|---|--|
| SUBJECT: Oakley Gree | n Condominium Owner | |
| | (Name of Corporation | on) |
| DOCUMENT NUMBER: N060 | 00010116 | |
| The enclosed Resignation of Regist | ered Agent for a Corpora | tion and fee are submitted for filing. |
| Please return all correspondence co | ncerning this matter to the | e following: |
| Vivien N. Hastings | | |
| (Name of Pers | son) | |
| | | |
| WCI Communities, LLC | e Sy e | |
| (Name of Firm/Co | ompany) | • |
| 24301 Walden Center Drive, S | uite 300 | |
| (Address) | | |
| Bonita Springs, FL 34134 | • | |
| (City/State and Zi | p Code) | • |
| For further information concerning | this matter, please call: | |
| Ledia Metaj | at (239) | 498-8321 & Daytime Telephone Number) |
| (Name of Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed is a check made payable t or \$35.00 for an administratively di | o the Florida Department ssolved, voluntarily disso | of State for \$87.50 for an active corporatolved or withdrawn corporation. |
| • | | • |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314 | ns (|
| rananassee, FL JZJUI | | |

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of section | ns 607.0502(2), 617.0502(2), 607.1509, or 617.1509, | | |
|---|---|--|--|
| Florida Statutes, the undersigned, _ | Vivien N. Hastings (Name of Registered Agent) | | |
| , | - · · · · · · · · · · · · · · · · · · · | | |
| hereby resigns as Registered Agent | Oakley Green Condominium Owners' Associatic | | |
| | (Name of Corporation) | | |
| N06000010116 | | | |
| (Document Number, if known) | | | |
| ÷ • • • • • • • • • • • • • • • • • • • | ed to the above listed corporation at its last known address. The discontinued on the 31st day after the date on which | | |
| ins statement is med. | | | |
| Ui | wu Hash | | |
| | (Signature of Resigning Agent) | | |
| If signing on behalf of an entity: | | | |
| VIVIEN N. HAS | STINGS | | |
| | (Typed or Printed Name) | | |
| | | | |
| REGISTERED | AGENT | | |
| | (Capacity) | | |
| | <u>l</u> 29 | | |

Fee for filing this document: \$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

SECRETARY, GT STATE

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314