N0700000680

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



100148516861

04/09/09--01037--018 **87.50





COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	JECT: The Cloisters at the Gable	es Condomini (Name of Corp	um As	sociation, Inc	.	
DOC	CUMENT NUMBER: <u>No ก</u> ด	0000680			<u>-</u>	
The e	enclosed Resignation of Registered	Agent for a Co	rporatio	on and fee are	submitted for filing	ŗ.
Please	se return all correspondence concern	ing this matter	to the f	following:		
Kath	thleen Newman, Esq.					
	(Name of Person)					
Albe	pertelli Law					
	(Name of Firm/Compan	y)				
208	3 N. Laura Street, Suite 900					
	(Address)	(
Jack	cksonville, Florida 32202					
•	· (City/State and Zip Cod	•				
For fy	further information concerning this r	natter, please c	all:		, , , , ,	
Kath	hleen Newman	at (904)	673-3935		
-	(Name of Person)	(Area (Code &	Daytime Teleph	ione Number)	
Enclo or \$3:	osed is a check made payable to the 35.00 for an administratively dissolv	Florida Depart ed, voluntarily	ment of dissolv	f State for \$87, red or withdray	.50 for an active co vn corporation.	rporation
Amen Divisi Clifto 2661	endment Section An sion of Corporations Div on Building Pos	niling Address: mendment Section vision of Corpor st Office Box 63 lahassee, FL 32	rations 327			

3 4/07/2009

The Manager of Manager in Fig. 9. Albert ?

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, A ber this Halsema P. (Name of Registered Agent)	<i>L.</i>
hereby resigns as Registered Agent for The Cloisters at the Gables Condomir (Name of Corporation)	nium Assoc,
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	FIL 09 APR - SECRETARY ALLAHASS
(Typed or Printed Name)	ED Mar Y OF S
Attorney	9: 59 TATE DRIDA

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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)