*N0700005227

(Re	equestor's Name)	
(Ac	ldress)	
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(AC	iuress)	
(Cit	ty/State/Zip/Phone	⇒ #)
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PICK-UP	WAIT	MAIL
(Ri	siness Entity Nan	ne)
(50	Jamess Emily Wall	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

Division of Corporations	
SUBJECT: Castillo at Westshore Yacht Club Condomi	
(Name of Corporati	ion)
DOCUMENT NUMBER: N07000005227	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Vivien N. Hastings	
(Name of Person)	-
WCI Communities, LLC	
(Name of Firm/Company)	-
24301 Walden Center Drive, #300	
(Address)	-
Bonita Springs, FL 34134	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Ledia Metaj at (239 (Area Code	498-8321 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, 6r 617.1509,
Florida Statutes, the undersigned,	Vivien N. Hastings
	(Name of Registered Agent)
hereby resigns as Registered Agent for	t for Castillo at Westshore Yacht Club Condominium
	(Name of Corporation)
N07000005227	
(Document Number, if known)	
A copy of this resignation was mai	led to the above listed corporation at its last known address.
The agency is terminated and the o	office discontinued on the 31st day after the date on which
<u> </u>	(Signature of Resigning Agent)
If signing on behalf of an entity:	
VIVIEN N. HA	王内 五
	(Typed or Printed Name)
REGISTERE	54
	(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