# 11/343

| , (Re                   | equestor's Name)   |           | _        |
|-------------------------|--------------------|-----------|----------|
| • (Ad                   | ldress)            |           | -        |
| . (Ad                   | dress)             |           | _        |
| (Cil                    | iy/State/Zip/Phone | e #)      | _        |
| PICK-UP                 | WAIT               | MAIL      |          |
| (Bu                     | siness Entity Nan  | ne)       | _        |
| (Do                     | cument Number)     |           | _        |
| Certified Copies        | _ Certificates     | of Status | -        |
| Special Instructions to | Filing Officer:    |           | 7        |
| ·                       |                    |           |          |
|                         |                    |           | ,        |
|                         |                    |           |          |
|                         | Office Use On      | ly        | <b>-</b> |



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RETARY OF STATE AHASSEE, FLORID,

SECRETARY OF STATE

## LARRY A. ECHOLS, P.A. ATTORNEY AT LAW

LARRY A. ECHOLS

6100 ESTERO BOULEVARD POST OFFICE BOX 2579 FORT MYERS BEACH, FL 33932-2579 (239) 463-5793 FAX (239) 765-7120 E-Mail: echolspa@earthlink.net

May 22, 2009

Florida Department of State Amendment Section Post Office Box 6327 Tallahassee, Florida 32314

RE: Gulf Villas (Lee) Condominium Association, Inc.

Gentlemen:

Enclosed herewith please find check in the sum of \$35.00, Cover Letter and Resignation Of Registered Agent For A Corporation. Please file the Resignation with the State.

Thank you.

Sincerely yours,

LARRY A. ECHOLS

kb

#### **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: Gulf Villas (Lee) Condominium Association, Inc.  |        |
|---|--------|
| (Name of Corporation)   |        |
| DOCUMENT NUMBER: N11343   |        |
| 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:   |        |
| Larry A. Echols   |        |
| (Name of Person)  |        |
| (Name of Firm/Company)  |        |
| 6100 Estero Blvd.   |        |
| (Address)   |        |
| Fort Myers Beach, FL 33931  |        |
| (City/State and Zip Code)   |        |
| For further information concerning this matter, please call:  |        |
| Larry A. Echols at ( 239 ) 463-5793   |        |
| (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 corpor \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. | oratio |

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

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 6 | 07.0502(2), 617.0502(2), 607.1509, or 617.1509,         |             |
|--|---|-------------|
| Florida Statutes, the undersigned, La    | rry A. Echols   |             |
| , ,                                      | (Name of Registered Agent)                              | _           |
| hereby resigns as Registered Agent for   | Gulf Villas (Lee) Condominium Association, Inc          | ).          |
|  | (Name of Corporation)                                   |             |
| N11343                                   |   |             |
| (Document Number, if known)              | <del></del>   |             |
| A copy of this resignation was mailed to | o the above listed corporation at its last known addres | ss.         |
| this statement is filed.                 | e discontinued on the 31st day after the date on which  |             |
| If signing on behalf of an entity:       |   | 7009 HAY 2  |
|  | (Typed or Printed Name)                                 | 26 PH 8: 44 |
|  | (Capacity)  | <u>-</u>    |

#### 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