

N23209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

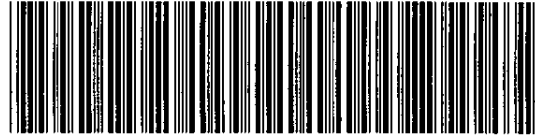
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LAW OFFICES

SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL, P.A.

201 ALHAMBRA CIRCLE | SUITE 1102 | CORAL GABLES, FLORIDA 33134
MIAMI-DADE 305.442.3334 | FAX 305.443.3292 | TOLL FREE 800.737.1390

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MARIAS@SIEGFRIEDLAW.COM

REPLY TO CORAL GABLES OFFICE

October 14, 2008

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DANIEL J. BARSKY
B. MICHAEL CLARK, JR.
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CARIDAD RESCONI
TIFFANY M. SEEMAN
NICHOLAS D. SIEGFRIED
L. CHERE TRIGG

OF COUNSEL

H. HUGH MCCONNELL, P.A.

**Re: Lakes of the Meadow Village Homes Condominium No. One
Maintenance Association, Inc.
Lakes of the Meadow Village Homes Condominium No. Two
Maintenance Association, Inc.
Lakes of the Meadow Village Homes Condominium No. Three
Maintenance Association, Inc.
Lakes of the Meadow Village Homes Condominium No. Four
Maintenance Association, Inc.
Lakes of the Meadow Village Homes Condominium No. Five
Maintenance Association, Inc.
Lakes of the Meadow Village Homes Condominium No. Six
Maintenance Association, Inc.
Lakes of the Meadow Village Homes Condominium No. Seven
Maintenance Association, Inc.
Lakes of the Meadow Village Homes Condominium No. Eight
Maintenance Association, Inc.
Lakes of the Meadow Village Homes Condominium No. Nine
Maintenance Association, Inc.
("Associations")**

Dear Sir/Madame:

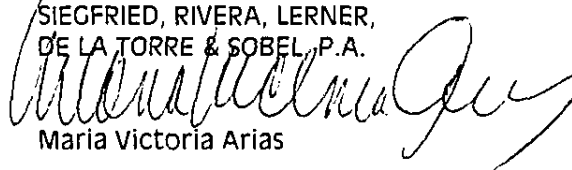
Enclosed please find an original and one (1) copy of the Resignation of Registered Agent for each of the above referenced corporations, together with our check in the sum of \$787.50 (\$87.50 x 9) to cover the fees for filing same. Please date stamp the copy and return same to the undersigned in the enclosed self-addressed stamped envelope.

October 14, 2008
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Should you have any questions, please do not hesitate to contact our office.

Sincerely,

SIEGFRIED, RIVERA, LERNER,
DE LA TORRE & SOBEL, P.A.


Maria Victoria Arias

MVA/bly
Enclosures

H:\LIBRARY\CASES\1899\1910159\22A5220.WPD

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**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, SKRLD, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for LAKES OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO. EIGHT MAINTENANCE ASSOCIATION, INC.


(Name of Corporation)

N23209

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

LISA A. LERNER

(Typed or Printed Name)

SECRETARY

(Capacity)

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08 OCT 15 PM 1:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

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