N26950

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LAW OFFICES

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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

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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 \times 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.

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

Sincerely,

SIEGFRIED, RIVERA, LERNER,

Maria Victoria Arias

MVA/bly Enclosures

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617	⁷ .1509,		
Florida Statutes, the undersigned,	SKRLD, INC.			
-	(Name of Registered Agent) LAKES OF THE MEADOW VILLAGE HOMES MAINTENANCE ASSOCIATION, INC. (Name of Corporation)	CONDOMINI	— UM NO. —,	NINE
N26950				
(Document Number, if known)				
A copy of this resignation was mailed	to the above listed corporation at its last known	own addres	S.	
this statement is filed.	ce discontinued on the 31st day after the date	OCT 15 PH		
If signing on behalf of an entity:	Signature of Resigning Agent)	STATE FLORID/	O	,
LISA A. LER	NER			
	(Typed or Printed Name)	•		
SECRETARY				
	(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