N36062

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
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06 NOV -6 PM 3: 14 SECRETARY OF STATE ALLAHASSEE, FLORIDA

Or Con

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Hillcrest No.3 Co	ondos, Inc. (Name of Corporation	3	_
DOCUMENTAL NAME NO	•)	
DOCUMENT NUMBER: N36062			
The enclosed Resignation of Register	ered Agent for a Corporation	on and fee are submitted for	or filing.
Please return all correspondence cor	ncerning this matter to the	following:	
Betty Howell (Agent of record)	ı	•	
(Name of Perso	on)		
Hillcrest No.3 Condos, Inc.			
(Name of Firm/Co	mnany)		
•	•		
940 Hillcrest No. 3 Condos, Inc.	. #306		
(Address)			
Hollywood, FL 33021			
(City/State and Zip	Code)		
For further information concerning	this matter, please call:		
Betty Howell	at (954)	963-9292	
(Name of Person)	(Area Code &	963-9292 Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	the Florida Department o ssolved, voluntarily dissolv	of State for \$87.50 for an ac yed or withdrawn corporati	tive corporation
200	1	1	
Street Address:	Mailing Address:	••	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	•	
Clifton Building 2661 Executive Center Circle	Post Office Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32301	Tananassee, FL 32314		
HORARONO LA MORA	C. 1		
\$174.82°			
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CR2E046(08/05)			

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned,	Bill Cox	
	(Name of Registered Agent)	
hereby resigns as Registered Agent f	or Hillcrest No. 3 Condos,Inc	_
nercey resigns as registered rigent.	(Name of Corporation)	 ,
N36062		
(Document Number, if known)		
A copy of this resignation was maile	ed to the above listed corporation at its last kn	nown address.
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the date	٠, 4
P	(Signature of Resigning Agent)	7 106 NOV -6
If signing on behalf of an entity:		YOF ST
Betty Howell		ATE .
	(Typed or Printed Name)	-
President, Boa	rd of Directors	
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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