

N 41503
GUNSTER, YOAKLEY

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 655-5677

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

ASSOCIATION OF ROLLING RIVER OWNERS, INC.

RECEIVED

2008 JAN 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PA Resign.
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Association of Rolling River Owners, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N41503

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:

Michael V. Mitrione, Esq.
(Name of Person)

GY CORPORATE SERVICES, INC.
(Name of Firm/Company)

777 South Flagler Drive, Suite 500 East
(Address)

West Palm Beach, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary E. Cramer-Scharlatt at (561) 650-0728
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, GY CORPORATE SERVICES, INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for Association of Rolling River Owners, Inc.
(Name of Corporation)

N41503
(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:

Michael V. Mitrione, Esq.
(Typed or Printed Name)

Vice President
(Capacity)

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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