Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060002046873)))



H060002046873ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : GRIMES, GOEBEL, GRIMES, HAWKINS, GLADFELTER & GALVANO

Account Number : 072460000742

: (941)748-0151 Phone : (941)748-0158 Fax Number

REGISTERED AGENT RESIGNATION

CREEKWOOD WEST COMMONS ASSOCIATION, INC.

RA	Res
(1a, 2	8.16.04

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help



August 16, 2006

FLORIDA DEPARTMENT OF STATE

CREEKWOOD WEST COMMONS ASSOCIATION, INC. 1812 MANATEE AVE. W. BRADENTON, FL 34205

SUBJECT: CREEKWOOD WEST COMMONS ASSOCIATION, INC.

REF: N99000001677

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records reflect the registered agent listing as CALEE GRIMES, ESQUIRE please correct your document to reflect such.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist FAX And. #: H06000204687 Letter Number: 006A00050623

P.O BOX 6327 - Tallahassec, Florida, 32314

B06000204687 3

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.050	
Florida Statutes, the undersigned,Caleb J.	(Name of Registered Agent)
hereby resigns as Registered Agent forCree	•
N99000001677	
(Document Number, if known)	• • • • • • • • • • • • • • • • • • • •
A copy of this resignation was mailed to the a	bove listed corporation at its last known address.
this statement is filed.	of Resigning Agent)
If signing on behalf of an entity:	0
	or Printed Name)
•	(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

H06000204687 3