N9990005655

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Prince Michael Condominium Administration, Corp. (Name of Corporation) DOCUMENT NUMBER: 19900005655		
DOCUMENT NUMBER: N9900005655		
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:		
John Sanchez (Name of Revson)		
(Name of Person)		
President - Prince Michael Admin Corp (Name of Firm/Company)		
3621 NW 1673 St. (Address)		
Miami, FL 33125 (City/State and Zip Code)		
For further information concerning this matter, please call:		
John Sanchez at (305) 301-4347 (Area Code & Daytime Telephone Number)		
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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		

CR2E046(08/05)

SECRETARY OF STATE DIVISION OF CORPORATIONS

2007 OCT 29 AM 11: 46

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, Joan Bennett
(Name of Registered Agent)
hereby resigns as Registered Agent for Prince Michael Condominium Administration (Name of Registered Agent) (Name of Corporation) (Ora)
N 99000005655
(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.
Joen Dance
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Canacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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