

P04000154598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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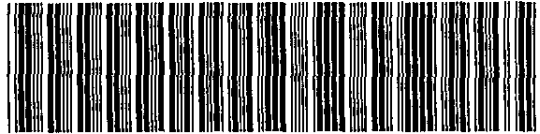
(Business Entity Name)

(Document Number)

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*Resignation*  
*KA*

02/17/06--01019--027 \*\*157.50

FILED  
06 FEB 17 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AOR*  
*2/27/06*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BISCAYA AT FLORIDA CITY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000154598

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:

ZUNILDA FIGUEROA  
(Name of Person)

THE HARRISON TITLE GROUP, INC.  
(Name of Firm/Company)

7500 NW 25TH STREET, SUITE 106  
(Address)

MIAMI, FLORIDA 33122  
(City/State and Zip Code)

For further information concerning this matter, please call:

ZUNILDA FIGUEROA at ( 305 ) 665-6600  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

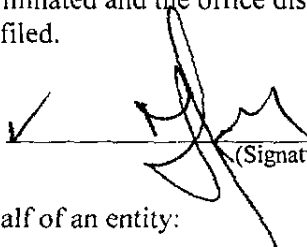
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Mario Fernandez  
(Name of Registered Agent)

hereby resigns as Registered Agent for Secretary/Director  
(Name of Corporation)

BISCAYA AT FLORIDA CITY, INC.  
(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:

MARIO FERNANDEZ  
(Typed or Printed Name)

REGISTERED AGENT  
(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**

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SECRETARY OF STATE