## P01000012291

(Requestor's Name)			
•			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
•			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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03/05/07--01045--001 \*\*87.50





## **COVER LETTER**

10:	Division of Corporations	
SUBJ	JECT: SOUTHWEST GARDENS CORP	
	(Name of Corpora	ition)
DOC	UMENT NUMBER: P07000012291	<u> </u>
The e	nclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filing.
Please	e return all correspondence concerning this matter to	the following:
MAF	RLENE ACANDA	
	(Name of Person)	_
SOL	JTHWEST GARDENS CORP	
	(Name of Firm/Company)	_
8515	5 MENTEITH TERRACE	
	(Address)	_
MIA	MI LAKES, FL 33016	•
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please call:	•
MAR	RLENE ACANDA at (305 (Area Coo	824-0494 le & Daytime Telephone Number)
Enclo	sed is a check made payable to the Florida Departme	nt of State for \$87.50 for an active corporat

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, RIG	CARDO LORENZO
	(Name of Registered Agent)
hereby resigns as Registered Agent for	SOUTHWEST GARDENS CORP
	(Name of Corporation)
P07000012291	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
(Si	Ricardo Loceno gnature of Resigning Agent)
(31)	gnature of Resigning Agent)
If signing on behalf of an entity:	
	TAS
<	
(	Typed or Printed Name)
	SSI SSI
	(Capacity)
	RID.

## 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withdrawn corporation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