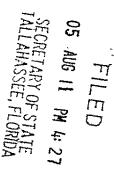
(Requestor's Name)	
(Address)	800058440248
(City/State/Zip/Phone #)	800058440248 Nesegnat Oz 16
(Business Entity Name)	08/11/0501044005 **5:
(Document Number)  Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	05 AUG SECRETAR TALLAHASS

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Gables C.T. Services, 10.  (Name of Corporation)  DOCUMENT NUMBER: P960000 7983 (5)
DOCUMENT NUMBER: P960000 7983 (5)
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:
Juan Torres (Name of Person)
(Name of Person)
(Name of Firm/Company)
7406 SW 48 St (Address)
7406 SW 48 21
(Address)
Miami FC 33155 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Odalys Tores at (305) 261-(242  (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of State for \$87.50 for an active corpora or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

FOR A CORPORATION  FOR A CORPORATION  SECRETARY OF STATE  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,
hereby resigns as Registered Agent for Gables C.T. Services, Iwe. (Name of Corporation)
79600007983 (5)
(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:
Juan Torres Gables C7 Sorures, Ive
Secretary

## 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withdrawn corporation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

(Capacity)