## P?8000034927

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	
L	Office Use Or	

400070653744

04/21/06--01013--011 \*\*945.00

FILED OF APR 21 AM11: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Strafford Homes, Inc.

Ā

(Name of Corporation)

## DOCUMENT NUMBER: P98000034927

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:

Lauren Wald

(Name of Person)

Murai, Wald, Biondo, Moreno & Brochin, P.A.

(Name of Firm/Company)

2 Alhambra Plaza, Penthouse 1B (Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Lauren Wald at (<u>305</u>) 444-0101 (Name of Person) at (<u>305</u>) 444-0101 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 <u>Mailing Address:</u> Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E046(08/05)

## 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, <u>Murai, Wald, Biondo & Moreno, P.A.</u> (Name of Registered Agent) hereby resigns as Registered Agent for <u>Strafford Homes, Inc.</u> (Name of Corporation)

P98000034927

(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.

	Ceor M		06 APR SECRE
If signing on behalf of an entity:	(Signature of Resigning Agent)	$\leq 1$	HAS 21
Gerald Biondo	)		AMILI: 44 SEE, FLOR
	(Typed or Printed Name)		ATE A
		•	
Partner			
	(Capacity)		· · · ·

<u>Fee for filing this document:</u> \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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