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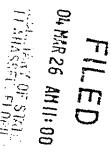
| (Requestor's Name) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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TRANSMITTAL LETTER

| | Amendment Section Division of Corporations | | | | | |
|-------------------------------|--|---|----------------------------------|---------------|--|---------------------------------|
| SUBJE | CT: Celebrity H | ouse of Na | oles, Ir | ıc. | | |
| | | | of Corpora | |) | |
| The enc | losed Resignation of Regist | ered Agent fo | or a Corpe | oratio | on and fee are submit | ted for filing. |
| Please r | eturn all correspondence co | ncerning this | matter to | the | following: | - |
| Kevin | G. Coleman, Esquire | | | | | |
| | (Name of Pers | son) | | — | | |
| Good1 | ette, Coleman & Johns | on. P.A. | | | | |
| | (Name of Firm/Co | | | _ | | |
| 4001 | North Tamiami Trail, | Suite 300 | | | | |
| | (Address) | | · · · · · · · · · | | | |
| Nap1e | s, Florida 34103 | | | | | |
| | (City/State and Zi | Code) | | | | |
| For furt | her information concerning | this matter, p | lease call: | : | | |
| Kevin | G. Coleman | at (| 239 |) | 435–3535 Daytime Telephone No | |
| | (Name of Person) | | (Area Coo | īe & | Daytime Telephone Nu | ımber) |
| Enclose or \$35.0 | d is a check made payable t 00 for an administratively di | o the Florida ssolved, volu | Departme ntarily dis | nt o ssolv | f State for \$87.50 for red or withdrawn corp | an active corporation poration. |
| Amendr Division P.O. Bo | Address: ment Section of Corporations x 6327 ssee, FL 32314 | Street Add Amendmen Division of 409 E. Gair Tallahassee | t Section Corporations Street | | | |

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 60 | 7.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|---|
| Florida Statutes, the undersigned, | Kevin G. Coleman |
| - | (Name of Registered Agent) |
| hereby resigns as Registered Agent for | Celebrity House of Naples, Inc. |
| | (Name of Corporation) |
| P98000052112 | |
| (Document Number, if known) | _ |
| A copy of this resignation was mailed to | the above listed corporation at its last known address. |
| this statement is filed. | discontinued on the 31st day after the date on which nature of Resigning Agent) |
| If signing on behalf of an entity: | / |
| (T) | yped or Printed Name) AND |
| <u> </u> | (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