## 707/56

(Req	uestor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR - 2 PM 4: 12

MAR 0 6 2015 T. CARTER

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: 10WNE APARTMENTS NO 2 ASSOCIAtion TW C. (Name of Corporation)
DOCUMENT NUMBER: 707/56
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Name of Firm/Company)  APARTMENTS NOZ ASSOCINC
1825 N., 17th COURT (Address)
Hollywood Ft 33020 (City/State and Zip Code)
For further information concerning this matter, please call: 632 6400
Town ATIÓ RAMJIT at (954) 925-38-7 (Name of Person) (Area Code & Daytime Telephone Number)
Englaced is a check for \$35.00 made payable to the Florida Department of State

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAR -2 PM 4: 12

I, TOWMATIE RAMJIT	, hereby resign as_	TREASULE (Title)	87
of OWNE APARTMENT	3 NOZ	ASSOCIATION Acondo	INC.
-1, $-1$		der the laws of the State	
Flonda.			
	1		
10 m at k	MATA esigning officer/direct	or)	

## **FILING FEE IS \$35.00**

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314