737761

(R	equestor's Name)					
(A	ddress)	·				
(A	ddress)					
(C	ity/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
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Amendment Section Division of Corporations

TO:

5-10CUS D MANNA ART - 5-10TES
SUBJECT: (ANCE ASSOCIATES) N C
SUBJECT: FAILFIELD MANUR ASSOCIATES IN C (Name of Corporation) DOCUMENT NUMBER: 73776
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NANCY L. ECAN V.P (Name of Person)
FARFIELD MANOR ASSOCIATES INC (Name of Firm/Company)
9800 COLLINS AVENUE (Address)
BAL HAR BOUR FL 33154 (City/State and Zip Code)
For further information concerning this matter, please call:
CIRO COELLO, MGR. at (305) 861 8090 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	ANTHONY	GILLAM	_, hereby resign as	PREJ.	(Title)	
of_	FA°CFIELS 737761	Name of Corporati	ion)	j) Nr.C.	
	(Document Number, if kn	, a corpo	ration organized und	er the laws o	of the State of	T
	PLONIDA	•			E, FLOR	
					ALIE MOA	-
		AU (Signature of	resigning officer/director) ur)		

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