756250

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
_	
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
	
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Atlantis Pines Londominium Association, Inc. (Name of Corporation) DOCUMENT NUMBER: 756250
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
The enclosed officer/Director Resignation for a Corporation and fee are submitted for fining.
Please return all correspondence concerning this matter to the following:
Marja Minockonera (Name of Person)
(Name of Firm/Company)
306 Minnesota St (Address)
(Address)
Lantana, FL 33462
(City/State and Zip Code)
For further information concerning this matter, please call:
Marja //- Fe/konen at (407) 936-5596 (Name of Person) (Area Code & Daytime Telephone Number)
ℓ (Name of reison) (Area Code & Daytine Telephone Number)

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

Mailing Address:

Amendment Section

TO:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Marja Mispelkonen, hereby resign as pres		
of Atlantis Pines North Community Servi (Name of Corporation)	ils Ass	ociation.
·		
76/294, a corporation organized under the laws of (Document Number, if known)	f the State of	
(Document Number, if known)	die State of	
Florida		
(Signature of resigning officer/director)		
	SECRE TO TALLAHASS	

Make checks payable to Florida Department of State and mail to **Division of Corporations**

> P.O. Box 6327 Tallahassee, Florida 32314

FILING FEE IS \$35.00