N.00000007419

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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TRANSMITTAL LETTER

Division of Corporations SOUTH MANDARIN OFFICE PARK CONDOMINIUM ASSOCIATIOI (Name of Corporation) N00000007419 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THOMAS CARROLL (Name of Person) **GENERAL BUSINESS SERVICES** (Name of Firm/Company) 12412-101 SAN JOSE BLVD (Address) JACKSONVILLE, FL 32223 (City/State and Zip Code) For further information concerning this matter, please call: LOUISE TULINSKI (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

Amendment Section



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 9, 2004

THOMAS P. CARROLL C/O GENERAL BUSINESS SERVICES 12412 SAN JOSE BLVD., STE. 101 JACKSONVILLE, FL 32223

SUBJECT: SOUTH MANDARIN OFFICE PARK CONDOMINIUM

ASSOCIATION, INC.

Ref. Number: N00000007419

We have received your document for SOUTH MANDARIN OFFICE PARK CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Letter Number: 904A00049299

Michelle Milligan Document Specialist

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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of South Mandann	OFFECE	Park Co	indominum	. Associalia
NA 222 27/119			e laws of the State of	/(,
Florida.	<u>_</u> .	a a	·	
	My Signature of resigning o			OL AUG 25 AM

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

FILING FEE IS \$35.00

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