(Re	equestor's Name)	
(Ac	ldress)	
. (Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WÁIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

TO:	Amendment Section
10.	
	Division of Corporations

SUBJECT: LVPRCONDOMINIUM AGSOC FINE.

(Name of Corporation)

DOCUMENT NUMBER: NO3COCOO 3345

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUDIN Almann
(Name of Person)

Waterford Companies

(Name of Firm/Company)

333 Tamiami Trail Stc203

(Address)

Venice Fl 340-85

(City/State and Zip Code)

For further information concerning this matter, please call:

Tamy Lindemath at (941) 441 1440

(Area Code & Daytime Telephone Number)

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

Street Address:

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

Mailing Address:
Amendment Section

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Robin Altmann	, hereby resign as (Title)
of LVDP 6 Condomi (Name of	nium Assoc. Inc.
NO3 00 00 0 3345 (Document Number, if known)	a corporation organized under the laws of the State of
Flurida	

(Signature of resigning officer/director)

SECRETARY OF STATE

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