## 103000325

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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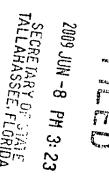
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Me	eadows of Astatula Homeowners Association, Inc.
<del>- 10</del>	(Name of Corporation)
DOCUMENT N	NUMBER: N03000003925
The enclosed Of	fficer/Director Resignation for a Corporation and fee are submitted for filin
Please return all	correspondence concerning this matter to the following:
Mercy Hernar	ndez
	(Name of Person)
Guillermo Pes	sant, P.A.
	(Name of Firm/Company)
1313 Ponce D	De Leon Boulevard, Suite 301
	(Address)
Coral Gables,	FL 33134
	(City/State and Zip Code)
For further infor	mation concerning this matter, please call:
Mercy Hernan	dez 305 \ 445-5351
. (	(Name of Person) at (305) 445-5351 (Area Code & Daytime Telephone Number)
Enclosed is a ch	eck for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Sec	<u>Mailing Address:</u> tion Amendment Section
Division of Com	porations Division of Corporations
Division of Corp Clifton Building 2661 Executive	Post Office Box 6327
2661 Executive	Center Circle Tallahassee, FL 32314
Tallahassee, FL	32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Liliam Fernandez	, hereby resign as TD	
	,,	(Title)
of_ Meadows of Astatula Homeo		· ,
·	ne of Corporation)	
(Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
	# 1	
		2009 JUN SECRET
	(Signature of resigning officer/director)	AHE JUN AMARIAN
,		SSEE A
		4 3: 23 FLORID
		5m <b>3</b>

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