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

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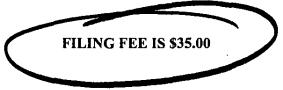
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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>MARIA A SUAI</u>	RE2, hereby resign as	SecretARy (Title)
of Alhambra Gardens	Condominium of Miami Name of Corporation)	, Colg,
N03000005853 (Document Number, if known)	, a corporation organized und	er the laws of the State of
Florida		

× 977 avia to Busing officer/director)



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

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