

ND400 0004615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

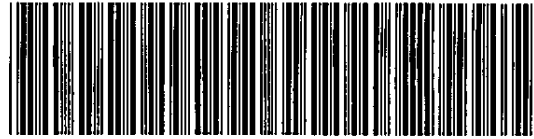
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
2016 OCT -3 PM 12:38

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OCT - 7 2016  
I ALBRITTON

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coleman Business Centre, Condominium Association Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO4000004615

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

Please return all correspondence concerning this matter to the following:

DONALD T. BRADY  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

4250 MAYFAIR LANE  
(Address)

PORT ORANGE, FL. 32129  
(City/State and Zip Code)

For further information concerning this matter, please call:

DON BRADY at (386) 761-2914  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

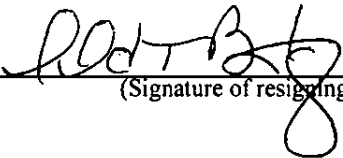
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DONALD T BRADY, hereby resign as PRESIDENT  
(Title)

of COLEMAN BUSINESS CENTRE CONDOMINIUM ASSOCIATION INC,  
(Name of Corporation)

NO4000004615, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

 9-28-16  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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