## N050000/2369

(Requestor's Name)		
(Address) .		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
<b>°</b> 1		
(Business Entity Name)		
	•	
(Document Number)		
Certified Copies	Certificates of	Status
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Special Instructions to Filing Officer:		
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SECRETARY OF STATE

10/15/07--01006--012 \*\*70.00

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Zully Ruiz	, hereby resign as Vice-President	
	(Title)	
The Edges at 7 St. Condomii		
(Nam	ne of Corporation)	
(Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	·	
	(Signature of resigning officer/director)	

## 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