

NO 600000 4440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

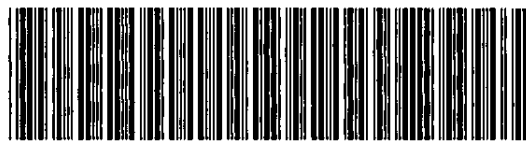
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800256241098

02/03/14--01049--014 **35.00

FILED
14 FEB -3 PM 3:28
RECEIVED
FALLS CHURCH, VA

O/D Resign.
02-11-14
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Havana Palms Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO6000004440

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

Please return all correspondence concerning this matter to the following:

Mario Pineda
(Name of Person)

(Name of Firm/Company)

970 S.W. 2 Street, Apt #3
(Address)

Miami, FL 33130
(City/State and Zip Code)

For further information concerning this matter, please call:

Mario Pineda at (786) 543-3528
(Name of Person) (Area Code & Daytime Telephone Number)

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

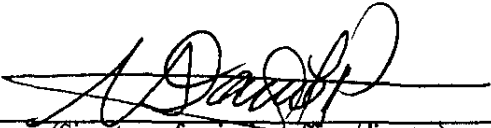
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIO Pineda, hereby resign as Treasurer
(Title)
of Havana Palms condominium Association Inc.
(Name of Corporation)

NO600000440, a corporation organized under the laws of the State of
(Document Number, if known)
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

FILED
14 FEB -3 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA