117612

(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:
, , , , , , , , , , , , , , , , , , ,
J DENNIS
JUN 1 € 2023

Office Use Only



900405347389

03/28/23--01026--011 **35.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 1/2/ Lagton M Condo ASSOC INC (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peter C JACKSOW (Name of Person)
(Name of Person)
(Name of Firm/Company)
206 wellington M
206 Well instum M (Address) West Palm Beach FL 33417 (City/State and Zip Code)
Eor further information concerning this matter, please call:
(Name of Person) at (56) 315- 1258 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
DE US A DE CONTRA A A A A A A A A A A A A A A A A A A

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Peter C Thekson, hereby resign as INCASURER
(Title)
of Wollington M Condo ASSOC. INC. (Name of Corporation)
(Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
·
Ati Al
(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