

N93000003227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

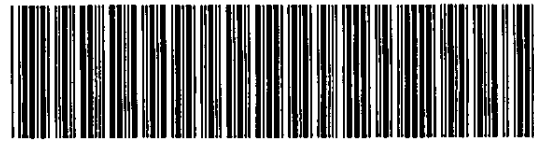
(Business Entity Name)

(Document Number)

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FILED OF STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
16 OCT 24 AM 9:45

OCT 27 2016  
C McNAIR

**TRANSMITTAL LETTER**

FILED  
DIVISION OF CORPORATIONS  
16 OCT 24 AM 9:15

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHELBORNE OCEAN BEACH HOTEL CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N93000003227

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

Please return all correspondence concerning this matter to the following:

**Joseph Rosenberg**  
\_\_\_\_\_  
(Name of Person)

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

**5255 Collins Ave., Apt. 2D**  
\_\_\_\_\_  
(Address)

**Miami Beach, FL 33140**  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Joseph Rosenberg** at ( **305** ) **527-4439**  
\_\_\_\_\_  
(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**

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
16 OCT 24 AM 9:45

I, Joseph Rosenberg, hereby resign as Director  
(Title)

of SHELBORNE OCEAN BEACH HOTEL CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

N93000003227, 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