

(Requestor's Name)		
(Address)		
(Add	dress)	
(Cit	y/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Numbe	ar)
Certified Copies	_ Certificat	es of Status
Special Instructions to Filing Officer:		
	Office Use (Dnly



700305625687

11/16/17-+01009--029 **35.00

S TALLENT NOV 2 0 2017

OD-Resign

T NOV 16 AM BIT

TRANSMITTAL LETTER

Division of Corporations King's Villas Condo Association Inc SUBJECT: (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: Alexis Lopez (Name of Person) King's Villas Condo Association Inc. (Name of Firm/Company) 1152 West 27th Street Apto: 103 (Address) Hialeah, Florida 33010-6119 (City/State and Zip Code) For further information concerning this matter, please call: Alexis Lopez 4564725 evening (Name of Person)

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

TO:

Amendment Section

Tallahassee, FL 32314

Street Address:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Eduardo Torres	President	
l,	, hereby resign as	
	(Title)	
	MINIUM ASSOCIATION, INC.	
(N	lame of Corporation)	
(Document Number, if known)	942, a corporation organized under the laws of the State of	
florida		
	= 301	
	11-13-17	
	(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