## P16000017571

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	. 11,277
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
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INVESTOR OF CURPORATIONS

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## TRANSMITTAL LETTER

SUBJECT: The Medidian At St. Petersburg Condomine (Name of Corporation)  DOCUMENT NUMBER: P16000017571  TNO
DOCUMENT NUMBER: P16000017571 INC
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)  (Name of Person)
(Name of Firm/Company)  4650 Slash Pinedarue NE
(Address)
4650 Slash Pinedane NE  (Address)  St. Petersburg, I-1A 37703  (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (813) 416-379 H (Area Code & Daytime Telephone Number)

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

TO:

Amendment Section Division of Corporations

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Lucy	
I, Lucille Jigler, hereby resign as SEC (Title)	
of The Meridian of St. Petersburg Condom (Name of Corporation)  Associ	rlusteur
(Document Number, if known), a corporation organized under the laws of the State of	ntion NC
FIORIOA.	
(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