## 03861

City/State/Zip

Phone #

600002118746--7 -03/20/97--01024--001 \*\*\*\*\*210.00 \*\*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Mail cut Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS -Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability

OTHER FILINGS
Аллиаl Report
Fictitious Name
Name Reservation

Domestication

Other

器器	REGISTRATION A
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Change of Registered Agent

Dissolution/Withdrawal

Merger

Examiner's Initials

## Florida Department of State, Sandra B. Mortham, Secretary of State

## **OFFICER / DIRECTOR RESIGNATION**

I,, hereby resign	as Director and/or Officer			
of Connoisseur Hômes of Orlando, Inc.	(Title)			
(Name of Corporation)				
a corporation organized under the laws of the State of	Florida			
That the corporation has been notified in writing of the resignation.	(see attached) Exhibit "A" and "B"			
lx - Oxtan				
(Signature of resigning officer/dir	ector)			

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314