

N 05 000008401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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C. CARROTHERS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALLIANCE CONDOMINIUM ASSOCIATION  
(Name of Corporation)

**DOCUMENT NUMBER:** N05000008401

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

Please return all correspondence concerning this matter to the following:

**DARIO ALVAREZ**

(Name of Person)

**ANDINO CONSULTING GROUP INC**

(Name of Firm/Company)

**8421 S Orange Blossom Tr Ste 106**

(Address)

**Orlando FL 32809**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Dario Alvarez**

(Name of Person)

at ( **407** ) **376-2911**

(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**

I, DARIO ALVAREZ, hereby resign as TREASURER  
(Title)

of ALLIANCE CONDOMINIUM ASSOCIATION INC,  
(Name of Corporation)

N05000008401, 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

FILED

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