

7511645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800292146348

12/02/16--01011--029 **35.00

OLD RAS.
DEC 05 2016
R. WHITE

16 DEC -2 PM 3:17
SEC. 10.1
TALLER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Grove Gate Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 751645

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

Please return all correspondence concerning this matter to the following:

Michael Sherman

(Name of Person)

Thomas G. Sherman, P.A.

(Name of Firm/Company)

90 Almeria Avenue

(Address)

Coral Gables, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Sherman

(Name of Person)

at (**305**) **448-5898**

(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, IVELISSE PUENTE, hereby resign as DIRECTOR
(Title)

of GROVE GATE CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

751645, 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

16 DEC -2 PM 3:17
SEP 14 2011
TALLAHASSEE, FL
FILING