NOI 00000 4986

(Re	equestor's Name)	·
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		9/18





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2020 SEP 18 AHII: 56

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Key Biscayne Retail Condominium Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>N 0100000 4986</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fil
Please return all correspondence concerning this matter to the following:
Counie Hull (Name of Person)
(Name of Person)
Fraga Properties (Name of Firm/Company)
(Name of Firm/Company)
2600 Douglas Rd. #610
Coral Gables FL 33/34 (City/State and Zip Code)
(cry, can are dy, care)
For further information concerning this matter, please call:
Connie Hvl at (305) 441-6633 (Name of Person) (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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Alexander W. Fraga	hereby resign as_	President (Title)
of Key Biscayne Retail (andominium Accoration,	Jac.
NO 1000004986 (Document Number, if known)	a corporation organized unc	ier the laws of the State of
Florida	·	
	Ans	
	(Signature of resigning officer/director	
		2020 SEP 18
	FILING FEE IS \$35.00	AM II: 1 OF STA

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: