716915

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

GREEN HILLS PARK WEST NO	D. 4, INC.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: 716915	<u> </u>
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Mary McBurnette	
(Name of Person)	
Green Hills Park West No. 4	
(Name of Firm/Company))
17070 SW 112 Ct	
(Address)	_
Miami, FL 33157	
(City/State and Zip Code)	<u> </u>
For further information concerning this ma	atter, please call:
Ivette Rodriguez	305 233-0874
(Name of Person)	at () 233-0874 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payal	ble to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Amendment Section Division of Corporations

TO:

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Mary McBurnette	Secretary , hereby resign as
	(Title)
Green Hills Park West No. 4	
(Na	me of Corporation)
716915	, a corporation organized under the laws of the State of
(Document Number, if known)	,
Florida	
·	
	nay Mc Quido
·	(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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