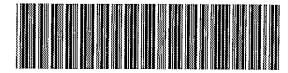
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| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| . (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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TRANSMITTAL LETTER

| • |
|--|
| SUBJECT: 12590 BORONADO TOWERS TNC. (Name of Corporation) |
| DOCUMENT NUMBER: |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin |
| Please return all correspondence concerning this matter to the following: |
| Tom HENRY (Name of Person) |
| 12590 CORONADO TOWERS JUC (Name of Firm/Company) |
| 12590 NE 16 Ave #305 |
| NORTH MIAMI, FL 33/6/ (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| at (|
| 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 409 E. Gaines Street Tallahassee, FL 32399 |

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | MYRA | SHAPIRO | , hereby resign as | BOARD | NENE | EP_ |
|----|------------------|-----------------------------|------------------------------------|----------------------|------------------|-------|
| of | 12540 | CORONADO (Name of Corpor | TOWERS, | andonin | ium, | Inc. |
| | (Document Number | r, if known) | ooration organized u | nder the laws of the | e State of | |
| | | My Signature | hapter of resigning officer/direct | otor) | AECRETARY OF STA | TILED |

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