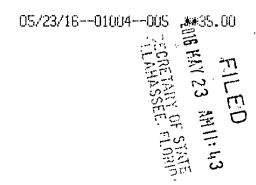
715987

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	·-··
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TRANSMITTAL LETTER

Resignation of Officer (Name of Corporation) **DOCUMENT NUMBER:** 715987 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pamela Leeson (Name of Person) Kingsway Condominiums (Name of Firm/Company) 2560 Garden Ct (Address) Cooper City FL 33026 (City/State and Zip Code) For further information concerning this matter, please call: Megan Miller (Name of Person)

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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Megan Miller	hereby resign as V.P.	
~~	ninium Apts., Ivic.	,
715987 (Document Number, if known) Florida	, a corporation organized under the laws of the Stat	e of
	<u> </u>	認る后
mes	Muc (Signature of resigning officer/director)	HIII: 13

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