

722315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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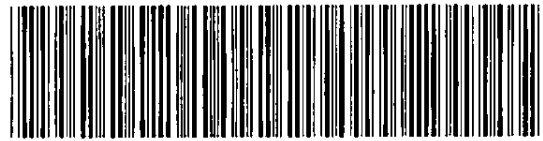
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GARDEN ISLES APARTMENTS #4 INC
(Name of Corporation)

DOCUMENT NUMBER: 722315

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

GARDEN ISLES APARTMENTS #4 INC
(Name of Firm/Company)

100 SE 6TH AVE
(Address)

POMPANO BEACH FL
(City/State and Zip Code)

For further information concerning this matter, please call:

AURELIA ANTON at (561) 613 5022
(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

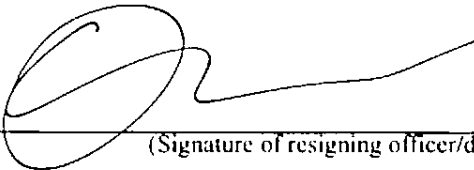
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, David Bellavance, hereby resign as President
(Title)

of Garden Isles #4
(Name of Corporation) GARDEN ISLES APARTMENTS #4, INC.

722315, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED
2024 SEP 11 PM 12:35
TALLAHASSEE, FLORIDA

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