725206

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Star Lake North commodore (Name of Corporation)
DOCUMENT NUMBER: 725206
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eladio A. Pichardo (Name of Person)
Stor Lake North Commodore association (Name of Firm/Company)
605 lues Dairy Rd 4106 (Address)
Miami FL 33179 (City/State and Zip Code)
For further information concerning this matter, please call:
Elabor Pichard 0 at (305) 36-7877 (Area Code & Daytime Telephone Number)
Fuclosed is a check for \$35.00 made payable to the Florida Department of State

Mailing Address:

TO:

Amendment Section

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Eladio A. Pic	=hardo.	hereby resign a	s Secretary
	,	, ,	(Title)
of Star Lake	North com	nodore	Association
	(Name of Corporation	1)	
725206 (Document Number, if kn	, a corpora	tion organized	under the laws of the State of
Florida	·•		

Elado Q. Richardo 1-13-2016
(Signature of resigning officer/director)

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