## 725355

(Req	uestor's Name)	
(Addi	ress)	
(Addı	ress)	
(City)	State/Zip/Phone	<u>н</u> ,
(Oity)	otate/2.p/i none	**/
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nam	e)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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09/05/24 -- 0.035---013 \*\*35,00

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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

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BIRCH SQUARE ASSOCIATION, INC.	
SUBJECT:(Name of Corpor	ration)
DOCUMENT NUMBER: 725355	
The enclosed Officer/Director Resignation for a Corporatio	n and fee are submitted for filing
Please return all correspondence concerning this matter to t	he following:
Daniel A Jacobson	
(Name of Person)	-
Daniel A, Jacobson, P.A.	
(Name of Firm/Company)	-
3115 Terramar Street, #18	
(Address)	-
Fort Lauderdale, FL 33304	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Dan Jacobson 954	467-3191
(Name of Person) (Area Cod	467-3191 ) e & 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, Karen Johnson	Treasurer	
1,	, hereby resign as(Title)	-
Birch Square Association, Inc.		
	(Name of Corporation)	
725355		
(Document Number, if known	) a corporation organized under the laws of the State of	
Florida		
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		TIL.
	(Signature of resigning officer/director)	6星81
	LOW CO.	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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