728754

(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:

Office Use Only



800361775018

03/13/21--01008--020 **157.50

FILED
2021 HAR 19 PH 3: 5:
SECRETARY OF STAT

SHI

TRANSMITTAL LETTER

. .

Amendment Section Division of Corporations

TO:

suprem A superiod A LUCC	Homeoward American 100
SUBJECT: WAS A VINCE	(Name of Corporation)
DOCUMENT NUMBER: 72875	(and or oxipolation)
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Ana Escobar (Name of Person)	
(Name of Firm/Company)
13116 SW 20th Terrace (Address)	
MIGMI, FL 33175 (City/State and Zip Code)	
For further information concerning this ma	atter, please call:
(Name of Person)	at (325) 374-9873 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payal	ble to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Ana Escobar	, hereby resign as VICE	President (Title)
of Greenglade Villas Ho	meaner Association,	INC.
(Document Number, if known)	_, a corporation organized under the la	iws of the State of
Flonda	·	
<u>></u> 0	Olignature of resigning officer/director)	2021 HAN SECRE
		TARY Allas
		PN 3: 55
	ILING FEE IG CAR ON	Ω

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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