734554

(Re	equestor's Name)		
(Ad	dress)	· .	
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	 : : : : : : : : : : : : : : : : : :		

Office Use Only



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10/05/15--01009--008 **35.00

15 OCT -5 PM 2: 38

OCT 6 2015

9.

TO: Amendment Section Division of Corporations
SUBJECT: Bon The Parcel No 4. Assoc. In (Name of Corporation)
DOCUMENT NUMBER: 734554
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)
(Name of Firm/Company)
10916 NV17451 \$504 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (305) 329-5111 (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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STARS

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I, MAURO F) E R E Z , hereby resign as	Director
of Best Tree	Parcel Nº 4	ASSUC. INC.
734554		nder the laws of the State of
(Document Number, if known)	·	

(Signature of fesigning 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