

Antonio Aliq

747994

Requestor's Name

8340 Harding Ave., #502

Address

Miami Beach, FL 3314

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of State

FILED  
 02 MAY 10 AM 10:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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747994 OM  
 05/05/02  
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Examiner's Initials	
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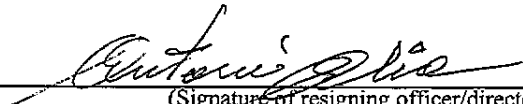
**OFFICER / DIRECTOR RESIGNATION**

I, ANTONIO ALIA, hereby resign as TREASURER  
(Title)

of BYRON BEACH ASSOCIATION 8340 Harding Ave. #502 Miami Beach  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA DOCUMENT #747994

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)  
ANTONIO ALIA  
8340 Harding Ave. # 502 Miami Beach Fl. 331

**FILED**  
02 MAY 10 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**