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SECRETARY OF STALL
SECRETARY SEE, FLORID

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RA VILLA COND. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: CARLOS A BOLONHUZ
Pile RA CONDO.
1270 - 715t, APT + 31
MIAMI BEACH FLA. 33141
(City/State and Zip Code) For further information concerning this matter, please call: 305-7-6.76/5
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

	A / DIRECTOR RES OR A CORPORATI	U/ JUN	VI3 ANIO	6
CARLOS A. Bok	ONーして L. hereby resi	ROA	ARY OF STATES OF	
of RUIERA VI	ne of Corporation)	omin@m	` ,	ATOM V.
(Document Number, if known)	, a corporation organi	zed under the laws of	the State of	/-

(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