750037

(Re	equestor's Name)	
(Ac	ddress)	
	17	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone#	f)
PICK-UP		MAIL
_	_	_
(Bı	usiness Entity Name	•)
(Document Number)		
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Certified Copies	_ Centificates o	: Status
Special Instructions to	Filing Officer:	
Special metabolic to 1 mily concern.		
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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Blue Lakes Apartments Condominiu	m. Inc.	
30bit.c 1	(Name of Corporation)	
DOCUMENT NUMBER: 750037		
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing	
Please return all correspondence concerning	g this matter to the following:	
4 (2.1		
Aaron Cohen (Name of Person)		
(time to residue)		
(Name of Firm/Company)		
((same of Fittibe on pany)		
4896 SW 74th Court		
(Address)		
Miami, FL 33155		
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
_		
Aaron Cohen (Name of Parson)	at (954) 323-2917 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
inclosed is a check for \$35.00 made payab	le to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L Iris Arrollo	hereby resign as Director	
·	(Title)	
Blue Lakes Apartments Condominiu	m. lnc.	
()	Name of Corporation)	
750037 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	·	
	(Signature of resigning officer/director)	
	(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