## 753869

(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:		
Special instituctions to 1 ming Officer.		

Office Use Only



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off. Resign.

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Park Avenue Condominium	m Association, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: 753869	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	ng this matter to the following:
Tyler Ramsey	
(Name of Person)	
Park Ave Condominium Association,	Inc.
(Name of Firm/Company)	
791 Park Ave C-5	
(Address)	· · · · · · · · · · · · · · · · · · ·
Lake Park, Fl. 33403	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Tyler Ramsey	at ( 561 ) 662-6316
(Name of Person)	at ( 561 ) 662-6316 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	ole to the Florida Department of State.
Amendment Section Amer Division of Corporations Divis Clifton Building Post	ing Address: ndment Section sion of Corporations Office Box 6327 hassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	, hereby resign as President	
	(Title)	
f Park Ave Condominium As	ssociation, In C.	
()	Name of Corporation)	
753869 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
	$\bigcirc$	
- 1 yles	(Signature of Societies of Green (disposter)	
/	(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