## 749439

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(R	equestor's Name)	<del></del>
(Ad	ddres <b>s</b> )	
(Ad	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: OCFAN REFE MARINA CONDONINIUM AFION
DOCUMENT NUMBER: 769439 ASSOCIATION
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDY GARCIA
(Name of Person)  OB MARINA CONDIT ASSOCIATION, INC  (Name of Firm/Company)
Andy Garcia 24 Dockside Ln. 434 Key Largo, FL 33037
KEY LARGO, FL. 33037 (City/State and Zip Code)
For further information concerning this matter, please call:
ANDY GARCIA at (305) 367 262 9 (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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ANDY GARCIA, hereby resign as V- PRES. (Title)	
of OCEAN REEF MARINA CONSOMININA IT ASSET	EXXION
769439 a corporation organized under the laws of the State of (Document Number, if known)	
FLORIDA	

(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
Taliahassee, Florida 32314