

# L52203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

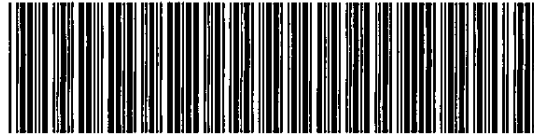
(Document Number)

Certified Copies \_\_\_\_\_

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200103818512

*Resignation  
to officer*

06/05/07--01061--008 \*\*35.00

FILED  
2007 JUN -5 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AOR*

*6/8/07*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA QUALIFIED PROPERTY MANAGEMENT, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** L52203

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROCKY ARMENTO

(Name of Person)

FLORIDA QUALIFIED

(Name of Firm/Company)

9298 NUGENT TRAIL

(Address)

WEST PALM BEACH, FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

ROCKY ARMENTO

(Name of Person)

at ( 561 ) 718-7055

(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

FILED

OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION


2007 JUN -5 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JOAN ARMENTO, hereby resign as PRESIDENT  
(Title)

of FLORIDA QUALIFIED PROPERTY MANAGEMENT, INC.  
(Name of Corporation)

L52203  
(Document Number, if known), a corporation organized under the laws of the State of

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  
Tallahassee, Florida 32314