

N020000003016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

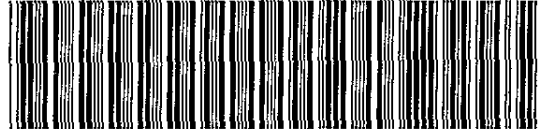
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BISCAYNE BREEZE MOBILE HOME OWNERS ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N02000003016

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

Please return all correspondence concerning this matter to the following:

LUCILLE POAG

(Name of Person)

BISCAYNE BREEZE MOBILE HOME OWNERS ASSOCIATION, INC.

(Name of Firm/Company)

11380 BISCAYNE BLVD. (LOT # 24)

(Address)

N. MIAMI, FL. 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

LUCILLE POAG

(Name of Person)

at (305) 892-1553

(Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUCILLE POAG, hereby resign as PRESIDENT
(Title)

of BISCAYNE BREEZE MOBILE HOME OWNERS ASSOCIATION, INC.
(Name of Corporation)

N02000003016, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Lucille Poag - 12/25/02
(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

FILED
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TALLAHASSEE, FLORIDA