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NOZ.	000005844
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) DICK-UP WAIT MAIL	07/09/1001011026 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	De lesge C.COULLIETTE JUL 12 2010 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Neson residences bondoninium Assoc. INC (Name of Corporation)

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DOCUMENT NUMBER: NO 200000 5844

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

Please return all correspondence concerning this matter to the following:

Algent Monstructures (Name of Person)

(Name of Firm/Company)

<u>10 Box 3652</u> (Address)

Enclance Villinge, NU 89450 (City/State and Zip Code)

For further information concerning this matter, please call:

<u>Alge Mors Trucis</u> at <u>775</u> <u>833-3502</u> (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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 1, Algered Monstaurcius, hereby resign as Diretar of M resort desilences Con Loning Assoc. Inc. (Name of Corporation) $\frac{10200005844}{(\text{Document Number, if known)}}$, 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