

No2 000006100

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

1-25-17

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE MONTEREY OFFICE CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N02000006100

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

Please return all correspondence concerning this matter to the following:

**MITCHELL T. MCRAE, ESQ.**

(Name of Person)

**MCRAE LAW OFFICES, P.A.**

(Name of Firm/Company)

**5300 W. ATLANTIC AVE., #412**

(Address)

**DELRAY BEACH, FL 33484**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MITCHELL T. MCRAE** at **561 638-6600**

(Name of Person)

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, BEN YOMTOB, hereby resign as DIRECTOR  
(Title)

of THE MONTEREY OFFICE CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

N02000006100, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)  
**BEN YOMTOB**

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TALLAHASSEE, FLORIDA

**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