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(Requestor's Name)	· · · · · · · · · · · · · · · · · · ·	
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PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)	<u></u>	
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TO AUG -6 AM 9: 53

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COVER LETTER

Amendment Section Division of Corporations EDWNERS ASSOC, IN DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Firm/Company) For further information concerning this matter, please call:

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

Street Address: Amendment Section

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, GAIL MORRIS	, hereby resign as	PST (Title)
of MAU GARAGOS	HOMEOWNERS	` ,
No 2 cocoo 9460 (Document Number, if known)		nder 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

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