

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



400320496254

11/03/18--01011--010 ••SS.00

DIDPOS.

2018 NOV -9 PM 4: 21 SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	ns
SUBJECT: Blossom F	ark Condominium Association Inc.,
DOCUMENT NUMBER: N	03000002232
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all corresponden	ce concerning this matter to the following:
Rand Hunt	
	f Person)
HotelMax	
(Name of Fi	m/Company)
278 Crystal Grov	ve Blvd
(Add	ress)
Lutz, FL 33548	
(City/State a	nd Zip Code)
For further information concer	ning this matter, please call:
Rand Hunt	at (813) 949-0901 (Area Code & Daytime Telephone Number)
(Name of Perso	(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

<sub>I.</sub> RAND HUNT	hereby resign as RECEIVER
of Blossom Park Cond	dominium Association Inc.
(Name o	of Corporation)
N03000002232 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	
— P	ignature of resigning officer/director)  SECRETAN  TALL ANA  TALL ANA

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314