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TRANSMITTAL LETTER

SUBJECT: Old Courthouse Square Homeowers Assort The Mame of Resignation for a Corporation) The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Concerning this matter to the following:	TO: Amendment Section Division of Corporations
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Concentration	
Please return all correspondence concerning this matter to the following: Company Company	DOCUMENT NUMBER: NO SO O O O O S'/ O \
(Name of Person) OCS HD A (Name of Pirm/Company) P.O. Box 1645 (Address) Crawforbille, FL 32 3 2 7 (City/State and Zip Code) For further information concerning this matter, please call: Jonathan Messer at (850) 688-5159 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State.	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
(Name of Firm/Company) P.O. Box 1645 (Address) CrawforDulle, FL 32327 (City/State and Zip Code) For further information concerning this matter, please call: Jonathan Messer at (850) 688-5159 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State.	Please return all correspondence concerning this matter to the following:
For further information concerning this matter, please call: Sociation Section Section	Karen Taylor (Name of Person)
Crawfordule, FL 32327 (City/State and Zip Code) For further information concerning this matter, please call: Sunathon Messer at (850) 688-5159 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State.	(Name of Firm/Company)
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Mailing Address: Street Address:	Crawfordille, FL 32327 (City/State and Zip Code)
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Mailing Address: Street Address:	Jonathan Messer at (850) 688-5159 (Name of Person) (Area Code & Daytime Telephone Number)
	Enclosed is a check for \$35.00 made payable to the Florida Department of State.
	Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	· · · · · · · · · · · · · · · · · · ·

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Stephanic Mosel	, hereby resign as Trusi den + (Title)
of Old Courthous	c Square Homeowners Association, Inc
(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