## N03 00000 9175

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Busiless Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE	
APR 2 8 2021	

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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: LEEWARD AT ISLANDS AT DORAL CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)	
	(Name of Corporation)
DOCUMENT NUMBER: N03000009175	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	ng this matter to the following:
MIGUEL MARIACA	
(Name of Person)	<del></del>
(Name of Firm/Company)	)
10777 NW 84th Ln Unit 3	
(Address)	<del></del>
Doral (City/State and Zip Code)	<del></del>
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
MIGUEL MARIACA (Name of Person)	at (305 ) 9659218 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	ble to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

4 - 53

I, MIGUEL MARIACA	, hereby resign as PRESIDENT
	(Title)
of <u>LEEWARD AT ISLANDS AT DORAL</u> (Nan	. CONDOMINIUM ASSOCIATION, INC.
N03000009175 (Document Number, if known)	
FLORIDA	AFR SETANS
	Y OF STATE
	(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