N04000005578

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100226127571

03/26/12--01010--030 **35.00

Of son Resign

12 HAR 26 PH 3: 3
SECHETARY OF STATIALLAHASSEE FLORI

WAR 27 2012 T. ROBERTS

COVER LETTER

10.	Division of Corporati	ons	
	\circ		^

SUBJECT: Conch Row Condo HSSOCIATION
(Name of Corporation)

DOCUMENT NUMBER: NO400005578

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

Please return all correspondence concerning this matter to the following:

Busan L. JoHnson	
(Name of Person)	•
Conch Row Condo association	וצני
(Name of Firm/Company)	
33 Boulder Drive	
(Address)	
Key West FZ 33040	
(City/8tate and Zip Code)	

For further information concerning this matter, please call:

Susan L Johnson at (561) 289-1225 Cell (Area Code & Daytime Telephone Number)

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

12 MAR 26 PH 3: 33
SECRETARY OF STATE FLORIDA

I, <u>Susan L Johnson</u> , hereby resign as <u>managing member</u>
of Conch Row Condo association, The (Name of Corporation)
of Conch Row Condo Cossociation, LNC, (Name of Corporation)
N 04 0000 55 78, a corporation organized under the laws of the State of (Document Number, if known)
Houka

Susan Dolunson Manageng (Signature of resigning officer/director) Member

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