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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: ORCHID GROVE MASTER ASSOCIATION , INC. (Name of Corporation)		
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:		
CHRISTIAN COLINA (Name of Person)		
(Name of Person)		
(Name of Firm/Company)		
8262 NU 192 TERRALE (Address)		
(Address)		
MIAMILAKES, FL 33015 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Cyristian Couna at (305) 607-9092 (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



I. CHRISTIAN COLINA	, hereby resign as VICE DIRECTOR
	(Title)
and the state of t	
OF ORCHID GROVE MASTER ASSOCIATION	
(Name of Corporat	ion)
(Document Number, if known), a corpo	ration organized under the laws of the State of
FLORIDA	
(Sienature 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