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TO: Amendment Section Division of Corporations

SUBJECT. 411 SW 9 STRE	EET CONDOMINIUM ASSOCIATION, INC
SUBJECT.	(Name of Corporation)
DOCUMENT NUMBER:^	N01000008255
The enclosed Officer/Director F	Resignation for a Corporation and fee are submitted for filing
Please return all correspondence	e concerning this matter to the following:
BARBARA RODRIGUEZ	
(Name of	Person)
411 SW 9 STREET CONDO	OMIUNIUM ASSOCIATIC
(Name of Firm	n/Company)
247 SW 8TH STREET #230)
(Addr	ess)
MIAMI, FL 33130	
(City/State and	d Zip Code)
For further information concern	ing this matter, please call:
BARBARA RODRIGUEZ	at (305) 3011551 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 t	made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

121√1 BARBARA RODRIGUEZ	, hereby resign as P,V,S
	(Title)
of 411 SW 9 STREET CONDO	OMINIUM ASSOCIATION, INC
(Na	ame of Corporation)
N000008255	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
V	•

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