## NO4730

(Re	questor's Name)					
(Address)						
(Add	dress)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





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11/14/16--01044--010 \*\*35.00

TO MON 11 BH 9: 16

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## TRANSMITTAL LETTER

MIDDEN BEACH HOMEOWNERS ASSOCIATION,
(Name of Corporation) FNC. 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: (Name of Firm/Company) For further information concerning this matter, please call:

**Mailing Address:** 

TO:

Amendment Section **Division of Corporations** 

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

**Street Address:** 

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	GART LO	<u>30</u> ,	hereby resign as	Pn 8310 (Title)	ENT
of_	HIDDEN E	EACH me of Corporation	HOME ASSUCI	OWNER 4770N, FI	3 VC:
	(Document Number, if known)			er the laws of the State	
	FLORIDA	·			<b>6</b> €
		/			
			M		M 9: 16
		(Signature of res	igning 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