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SECRETARY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Talside SPB Condomium ASSCIATAREN (Name of Corporation)
	(Name of Corporation)
DOC	UMENT NUMBER: NOS00000 692
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rame of Person) Rame of Person)
(Name of Firm/Company) 10801 Starky 2d AmB 104-55
(Address) (City/State and Zip Code)

For further information concerning this matter, please call:

Am Mm + Chal at (727) 367-6838 (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

of Jakside SB	, hereby resign as
No 500000 692 , a (Document Number, if known) .	corporation organized under the laws of the State of

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314