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· (Requestor's Name)							
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SECRETARY OF STATE ON ISION OF CORPORATIONS

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D) Res

COVER LETTER

•					
SUBJECT: RALPH	PLAZA	//	CONDOMINIUM	ASSOCIATION , 1	N
 "		(Nz	ame 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:

ALEYDA V. ALEGRIA
(Name of Person)

Amendment Section

Division of Corporations

TO:

RALDH PLAZA 11 CONDOMINUM ASSOCATION, INC
(Name of Firm/Company)

3817 N.W 17 AUE UNIT A7

M/AM (City/State and Zip Code)

For further information concerning this matter, please call:

ALEYDA U. ACEGRIA at (305) 710-9474

(Name of Person) (Area Code & Daytime Telephone Number)

(305) 638-5372

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

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, ALEYE	YA V.	ALEGICIA, here	eby resign as	ORESIDENT (Title)	
of RALP	PLAZA	// CONDO! Name of Corporation)	MINIUM	ABSOCIATION.	100
<u> </u>	000/25 Number, if known)	3 P, a corporation	organized under th	ne laws of the State of	
FLOR	LOA				

(Signature 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



Mebaukshlereake