

ND50000223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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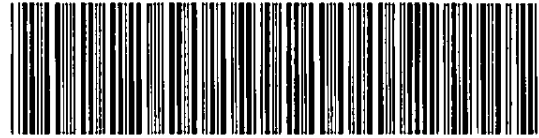
(Business Entity Name)

(Document Number)

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AUG 17 2017

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEACON SQUARE PROFESSIONAL CAMPUS CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: 105000002232

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLENN LEWIS

(Name of Person)

ELITE PROPERTY SERVICES GROUP OF FLORIDA, LLC

(Name of Firm/Company)

7805 NW BEACON SQUARE BLVD #102

(Address)

BOCA RATON, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

GLENN LEWIS

(Name of Person)

at (561) 706-9606

(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GLENN LEWIS, hereby resign as DIRECTOR
(Title)

of BEACON SQUARE PROFESSIONAL CAMPUS CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

NC5000062232, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(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