NO5000003117

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(Address)				
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: ARTECITY GOVERNOR CONDOMINIUM ASSOCIATION, INC.
	(Name of Corporation)
DOC	CUMENT NUMBER: N05000003117
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to the following:
PIE	RO SALUSSOLIA
	(Name of Person)
PIE	RO SALUSSOLIA CORPORATE MANAGEMEN
	(Name of Firm/Company)
154	8 BRICKELL AVENUE 2ND FLOOR
	(Address)
MIA	AMI, FLORIDA 33139
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
ADF	RIANA MARQUEZ at (305) 373-7016 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

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OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

FOR A CORPORATION

KATIA GASPERINA-MONTIN	, hereby resign as_	TRESURER/DIRECTOR	
	,,	(Title)	
ARTECITY GOVERNOR CONDO	MINIUM ASSOCIATIO	N, INC.	
(Name of Co	orporation)		
N05000003117	corporation organized un	ration 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