

N05000003692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

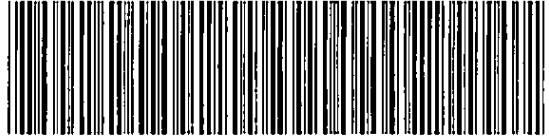
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
JANUARY 3, 2024

old Resignation

JAN 30 2024

D CUSHING

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COLUMBIA ARMS CONDOMINIUM ASSOCIATION INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N05000003692  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

PATRICIA PENA  
\_\_\_\_\_

(Name of Person)

TIME BUSINESS SERVICES LLC  
\_\_\_\_\_

(Name of Firm/Company)

1721 BEAR BAY CV  
\_\_\_\_\_

(Address)

ORLANDO, FL32824  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA PENA  
\_\_\_\_\_

(Name of Person)

at (407) 346-8016  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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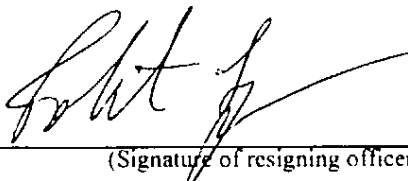
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ROBERT LOGAN, hereby resign as PRESIDENT  
(Title)

of COLUMBIA ARMS CONDOMINIUM ASSOCIATION INC  
(Name of Corporation)

N05000003692, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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

SECRETARY OF STATE  
TALLAHASSEE, FL

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**FILED**