NOSCOIO 134

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: ROYAL Palm Business Plaza Con	dominium	Association, In
DOCUMENT NUMBER: NOSO00010134	_	
The enclosed Officer/Director Resignation for a Corporation and fee are sub-	nitted for filing.	
Please return all correspondence concerning this matter to the following:		
Bruce L. Elkind (Name of Person)		
(Name of Person)		
Bruce L. Silkind DDS, PB. (Name of Firm/Company)		
9100 Belvedere Rl. #208		
(Address)		
Royal Palm Beach, FL 33411 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Bruce L-Sikind at (561) 798-4 (Name of Person) (Area Code & Daytime Telep	1077	
(Name of Person) (Area Code & Daytime Telep	onone Number)	
Enclosed is a check for \$35.00 made payable to the Florida Department of St	ate.	
en e	1 '	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327- 2661 Executive Center Circle		
Tallahassee FI 32314 Tallahassee FI 32301	1	

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Bruce L. Elkind	, hereby resign as	President.	_
of Royal Palm Business	Plaza Condomi	nium Association	on, Inc.
11000000101211	, a corporation organized under t		
Florida			
(Signature)	gnature of resigning officer/director)	2011 OCT -6 AR IU: 4:	

FILING FEE IS \$35.00

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

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

Filed 10-2-17