NO50	00011716
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	200212266242 Association Og/22/11-01008005 **70.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2011 SEP 22 PH 3 22 SECRETARY OF STATE TALLAHASSEE.FLORID.
Office Use Only	A

9/22/11

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¥ ٩. COVER LETTER TO: Amendment Section **Division of Corporations** Sovare Master Association, C. SUBJECT: DVA N05000011716 **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: <u>isailla</u> Name of Firm/Company) laster Association, Inc.

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Ave Ste 988 (Address) 3470

FL 33122 (City/State and Zip Code)

For further information concerning this matter, please call:

<u>186) 437-8685</u> Area Code & Daytime Telephone Number) (Name of Person)

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

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 <u>Mailing Address:</u> Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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		CCTOR RESIGNA	2011 SEP 22 PM 3= 22
			SECRETARY OF STATE TALLAHASSEE.FLORID
1, Chart	tel Helendi	, hereby resign as	President- (Title)
of Dora	L Park Squar (Name of Corpo	e Hoster As	sociation, Inc
NO5 CCC (Document	Number, if known), a cor	poration organized und	er the laws of the State of
Florid	la.		

liai (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