

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

Office Use Only



600280204486

12/28/15--01014--015 \*\*35.00

SECRETARY OF STATE

OID ROS DEC 31 2015 R. WHITE

## TRANSMITTAL LETTER

	ent Section of Corporations
SUBJECT: SPRI	NG HILL PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.  (Name of Corporation)
DOCUMENT N	UMBER: N05000012204
	icer/Director Resignation for a Corporation and fee are submitted for filing
Please return all c	correspondence concerning this matter to the following:
Shannor	n Gardner
	(Name of Person)
	(Name of Firm/Company)
258 Mar	iner Blvd
	(Address)
Spring H	lill, FL 34609
	(City/State and Zip Code)
For further inform	nation concerning this matter, please call:
Shannor	Tame of Person)  at (727) 498-4250  (Area Code & Daytime Telephone Number)
()	Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a che	ck for \$35.00 made payable to the Florida Department of State.
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	fon Amendment Section  Division of Corporations  2661 Executive Center Circle

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Shannon Gardner	, hereby resign as President	
	,g,g.,	(Title)
ofSPRING HILL PROFESSIONA	L CENTER CONDOMINIUM A	ASSOCIATION, INC.
N05000012204 (Document Number, if known)	of Corporation), a corporation organized under the	laws of the State of
FLORIDA		
		DEC 1 8 2015
(S	ignature of resigning officer/director)	FILEL SECRIMSEE TATUMENTS
F	TLING FEE IS \$35.00	H 9: 51

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

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