

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	,
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	: * (frist
	JUN S. Y

Office Use Only



000299974420

06/06/17--01004--029 **175.00

TALLAHASSEE, FLORIDA

JUN 0 7 2017 S. YOUNG

TRANSMITTAL LETTER

Division of Corporations MONTECITO MASTER COMMUNITY ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N05000012562 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FABIOLA SANTIAGO (Name of Person) PRINCE CPA GROUP (Name of Firm/Company) 9161 NARCOOSSEE RD. STE 202 (Address) ORLANDO, FL 32827 (City/State and Zip Code) For further information concerning this matter, please call: **FABIOLA SANTIAGO** (Name of Person)

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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, LINDA SWAIN	, hereby resign as(Title)	
of MONTECITO MASTER	R COMMUNITY ASS	OCIATION, INC.
N05000012562	of Corporation) _, a corporation organized under the	he laws of the State of
FLORIDA		
	4	
Genda	ignature of resigning officer/director)	
F	ILING FEE IS \$35.00	10000 H

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

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