

NO60000001309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

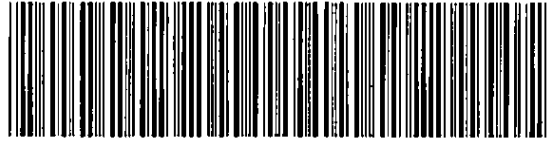
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

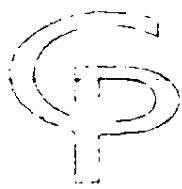


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FILED  
2023 AUG 17 AM 8:32  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

SEP 13 2023



**CARL PALOMINO**  
**ATTORNEYS AT LAW**

717 Ponce De Leon Blvd., Suite 203, Coral Gables, Florida 33134

Tel: (305) 774-9790, Fax: (305) 774-9740

Email: attorneycarlpalomino@gmail.com

Website: carlpalominolaw.com

August 9, 2023

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

RE: Enclosed Officer/Director Resignation for a Corporation Form (executed)

Dear Ladies and Gentlemen:

Enclosed is my executed Officer/Director Resignation form for processing, effectively removing my name from the entity (corporation) described in said form. Should anything additional be required of me, please feel free to contact me at your earliest convenience. Thank you.

Sincerely,

  
Carl Palomino

Encl.

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PONCE SQUARE CONDOMINIUM ASSOCIATION, INC.  
\_\_\_\_\_  
(Name of Corporation)

DOCUMENT NUMBER: N06000001309  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

CARL PALOMINO  
\_\_\_\_\_  
(Name of Person)

CARL PALOMINO PA  
\_\_\_\_\_  
(Name of Firm/Company)

717 PONCE DE LEON BLVD, #203  
\_\_\_\_\_  
(Address)

Coral Gables, Florida 33134  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA V. CRUELL at (786-525-7335)  
\_\_\_\_\_  
(Name of Person) (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

I, CARL PALOMINO, hereby resign as OFFICER  
(Title)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
NO0000001309

(Signature of Designing 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

REC'D  
2023 AUG 17 AM 8:32  
DEPT. OF STATE  
FALLS CH. OFFICE