Nocooayn

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(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



900315784399

07/18/18--01015--013 **35.80

18 JUL 18 AH 8: 12
SECRETARY OF STAIL
TALLAHASSEF FLORINA

JUL 1 9 2018 S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations SUBJECT: Marks Street Estates Condominium Association Inc (Name of Corporation) DOCUMENT NUMBER: N06000002477 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Juana Lazaro (Name of Person) (Name of Firm/Company) 1804 E. Marks St Orlando, FL 32803 (City/State and Zip Code) For further information concerning this matter, please call: at (407) 257-2346
(Area Code & Daytime Telephone Number) Juana Lazaro Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Division of Corporations Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301 P.O. Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ւ Bee-Ju Baron	, hereby resign as Secretary
	(Title)
	Condominium Association Inc
(Name of C	erporation)
N06000002477 (Document Number, if known)	corporation organized under the laws of the State of
Florida	
-	dure/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 18 JUL 18 AH 8: 12
SECKETARY OF STATE
TALLAHASSEE FLORINA