NO60CCC06376

(Re	questor's Name)	
(Ad-	dress)	
- LA	dress)	
(*		
(Cit	y/State/Zip/Phone #	‡)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
	cument Number)	
(50	ounient (vaniber)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	,

Office Use Only



300433238123

07/24/24--01011--005 **35.00

GTU THE AMID: 45

1. HUNT C 7/2//2/

TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: Villa Catalina Condominium Association (Name of Corporation)	<u>on,</u> IN(2	
DOCUMENT NUMBER: NO600006376			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted Please return all correspondence concerning this matter to the following:	for filing.		
Liliana C. Gonzalez (Name of Person)			
N/A (Name of Firm/Company)	,	1	
15408 SW 95 LN (Address)	72	·-	÷
Miami, FL 33196 (City/State and Zip Code)	ANY OF STATE	Eid iO	<u>ا</u> ۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔
For further information concerning this matter, please call:		-	
Liliana C. Gonzalez at (786) 493-6594 (Name of Person) (Area Code & Daytime Telephone Nur			
Inclosed is a strict of the control of			

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. <u>Liliana C. Gonzalez</u> . hereby resign as T (Treasi	rer)
of Villa Catalina Condominium Associat		
N0600006376 a corporation organized under the (Document Number, if known) Florida		
		N
(Signature of resigning officer/director)	7, 100 mg.	
	SEE, FL	AM 10: 45

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