## N06000010464

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	siness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		





400133298894

07/24/08--01048--004 \*\*35.00

officer Resignation

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

DINE HOLLOW!	
SUBJECT: PINE HOLLOW II CO	ONDOMINIUM ASSOCIATION INC (Name of Corporation)
DOCUMENT NUMBER: N060	000010464
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Michael Oz	
(Name of Perso	on)
PINE HOLLOW II CONDOMINII	UM ASSOCIATION I
(Name of Firm/Con	mpany)
300 Arthur Godfrey Rd. suite 20	1A
(Address)	
Miami Beach, FL 33140	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Michael Oz	at ( 305 ) 975-3110
(Name of Person)	at ( 305 ) 975-3110 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION TALLAHASSEE OF STATE

I, Michael oz	, hereby resign as DS
	(Title)
$_{ m of}$ PINE HOLLOW II CONDOM	INIUM ASSOCIATION, INC.
(Nan	ne of Corporation)
N06000010464 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
/	(Signature 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