

NO6000010919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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*Resignation
of officer*

FILED
2015 JUN 12 PM 3:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2015
RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Riverside Condominium Association of Broward, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO6000010919

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

Please return all correspondence concerning this matter to the following:

Samuel Koster
(Name of Person)

(Name of Firm/Company)
828 Ponce de Leon Dr.
~~428828 Sheppard St Suite 2150~~
(Address)
Ft Lauderdale, FL 33316
~~511 Holtwood FL 33021~~
(City/State and Zip Code)

For further information concerning this matter, please call:

Sam Koster at (954) 654-2824
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

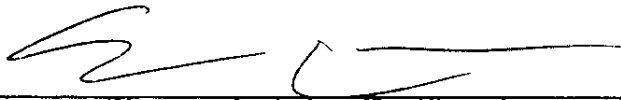
2015 JUN 12 PM 3:37

I, Samuel Koster, hereby resign as Other SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(Title)

of Riverside Condominium Association of Broward, Inc.
(Name of Corporation)

NO6000010919, a corporation organized under the laws of the State of
(Document Number, if known)

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