

(Requestor's Name)		
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
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TRANSMITTAL LETTER

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

(Name of Person)

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{ı,} LINDA SWAIN	, hereby resign as Secretary, Treasurer	
	(Title)	
MONTECITO TOWNHOMES	OF BREVARD HOMEOWNERS ASSOCIATION, INC.	
	ne of Corporation)	
N07000003497	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		
	- -	

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