## 107000016

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## **COVER LETTER**

Division of Corporations
SUBJECT: Capri Courts Condominium Association Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Person)
Capri Courts Condominium Association fre (Name of Firm/Company)
15751 Sheridan St. #187
Tort lauderdale Il 33331 (City/State and Zip Code)
For further information concerning this matter, please call:
Ridd Linares (Name of Person) at (786) 395-2864 (Area Code & Daytime Telephone Number)

35.00

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

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

,_	Ridel Linares	, hereby resign as	νPD (Titl	le)	
of_	Capi Cost & Condonia (Name of	f Corporation)	(C.	,	
	N 0 100000 4630 (Document Number, if known)	, a corporation organized under	the laws of the	State of	
·····	* Florida	·			
	· ·				
	Jede (Si	ghature of resigning officer/director)		2009 MAY 11 SECRETARY I TALLAHASSEE	
				I PM 2: 2 RY OF STATE SEE, FLORIG	

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