## M700000 5267

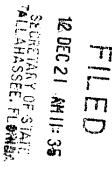
(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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		<b>.</b>

Office Use Only



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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: Lake Alfred Estates Homeowners Association, Inc.
(Name of Corporation)
DOCUMENT NUMBER: N07000005207
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Julie Smoak
(Name of Person)
Greenberg Traurig, P.A.
(Name of Firm/Company)
450 S. Orange Ave., Suite 650
(Address)
Orlando, FL 32801
(City/State and Zip Code)
For further information concerning this matter, please call:
Julie Smoak at (407) 418-2381 (Area Code & Daytime Telephone Number)
(Name of reson) (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 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı,</sub> Dell Avery	hereby resign as Vice President	
	(Title)	
of Lake Alfred Estates	s Homeowners Association, Inc.	
(Nam	e of Corporation)	
N07000005207	_, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida	,	
	1	

FILING FEE IS \$35.00

officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

