(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #)
<u></u>	☐ WAIT	MAIL
(Business Entity Name)		
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Certified Copies	_ Certificates	of Status
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10/30/12--01017--014 **140.00

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Nancy Lifter-Wolin	, hereby resign as_	Vice-President
		(Title)
of Aaron Arms Condominium Assoc	iation, Inc.	
(Name of C	orporation)	,
N0700009164	corporation organized ur	der the laws of the State of
(Document Number, if known)	torporation organization and	
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