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(Req	uestor's Name)	
(Add	ress)	
(Address)		
(City	/State/Zip/Phon	e #)
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PICK-UP	MAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Created Instructions to E	ilian Officer:	·
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* TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: PALM BEACH LANDMARK ESTATES HOA, INC. (Name of Corporation)
DOCUMENT NUMBER: N 1 0000002578
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAUL L MADOCK JR (Name of Person)
PBLANDMARK ESTATES HOA, INC. (Name of Firm/Company)
317 PERUVIAN AVE ZOU
PALM BEACH, FL 33480 (City/State and Zip Code)

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

PAIL L MADDOCK Ja at (561) 655-1483 (Area Code & Daytime Telephone Number)

For further information concerning this matter, please call:

Mailing Address:

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. PAUL L. MADDOCK JR hereby resign as PSTD
(Title)
or PALM BEACH LANDMARK ESTATES HOA INC. (Name of Corporation)
N 1 000003579, 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