

N10000006163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

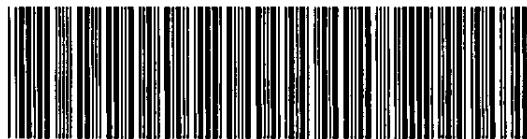
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRICKELL ROADS ATRIUMS CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N10000006163

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Morrow

(Name of Person)

(Name of Firm/Company)

1712 Sw 2nd Ave #509

(Address)

Miami FL 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Morrow

(Name of Person)

at (**305**) **2606893**

(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**

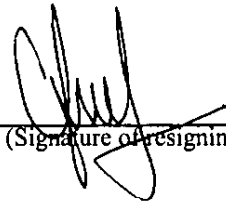
I, Claudia Laverde, hereby resign as Vice President - Secretary
(Title)

of BRICKELL ROADS ATRIUMS CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

N10000006163, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

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SECRETARY OF STATE
TALLAHASSEE, 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