## N14985

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600249829976

07/19/13--01023--018 \*\*35.00

13 JUL 19 PH 12: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DC 7/23

## TRANSMITTAL LETTER

**Division of Corporations** Bay Professional Center Condominium Association, Inc. (Name of Corporation) **DOCUMENT NUMBER:** N14985 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David A. Luczak (Name of Person) (Name of Firm/Company) 3233 East Bay Drive, Suite 103 (Address) Largo, FL 33771 (City/State and Zip Code) For further information concerning this matter, please call: David A. Luczak (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section

Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION SECRETARY OF STATE TALLAMASSEE, FLORIDA

13 JUL 19 PM 12: 04

David A. Luczak	hereby resign as President
"	(Title)
<sub>of</sub> Bay Professional Ce	enter Condominium Association, Inc.
	ne of Corporation)
N14985 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	
	(Signature of resigning officer/director)
	(o.S.min. o. roo.S.m. S. o. roo.)

## 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