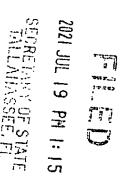
N15000004552

(Requestor's Name)
(Address)
(Asserta
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500370082865



A. Butter

BISCAYNE PALMS CONDOMINIUM ASSOCIATION

July 13, 2021

Department of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

Re: Biscayne Palms Condominium Association, Inc.

Document No.: N15000004552

To whom it may concern:

Enclosed please find the two notices of Officer/Director Resignation for a Corporation, along with the Transmittal letter. I've also enclosed two checks in the amount of \$35 each, as requested by the Division of Corporations Amendment Section.

Should you have any questions, please do not hesitate to contact me

Maria Lopez, President

Biscayne Palms Condominium Association, Inc.

(305) 970-2883

vilahome@yahoo.com

TRANSMITTAL LETTER

nc

TO: Amendment Section Division of Corporations	
SUBJECT: Biscayne Palms Cond	
DOCUMENT NUMBER: N 15 00000 4 55:	<u>) </u>
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
María López, President (Name of Person)	
Biscayne Palms Condomini	um association, Inc
836 Majorca Ave (Address)	
Coval Gables, FL 33134 (City/State and Zip Code)	
For further information concerning this matter, please call:	
María Lopez at (305) (Name of Person) at (305) (Area Code email:	970-2883 & Daytime Telephone Number) VIlahome @yahoo. com.
Enclosed is a check for \$35.00 made payable to the Florida D	Department of State.
Division of Corporations Division P.O. Box 6327 Division	nent Section of Corporations tre of Tallahassee
,	Monroe Street, Suite 810 see, FL 32303

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION

2021 JUL 19 PM 1:15

1. Claus Osewald	hereby resign as	SECRETY. TALLAH VICE	MOFSTATE ASSEE, FL President (Tille)
of Blocayne Condomi	nium asso	ciation	Tre.
11 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	oration organized und		
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