N1700000 1025

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	. #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500368337345

68 121/21-- 1111--128 **85.00

resignation of



JUL 2 1 2021 A RAME":

TRANSMITTAL LETTER

PONCE DE LEON TOWNHOMES CONDOMINIUM ASSOCIATION, INC. SUBJECT: (Name of Corporation) N17000001025 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Adrian Sierra (Name of Person) (Name of Firm/Company) 6425 SW 27th Street (Address) Miami FL 33155 (City/State and Zip Code) For further information concerning this matter, please call: Adrian Sierra (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2027 JUN 21 AM II: 00

SECRETARY OF STATE.

Adrian Sierra	President and Treasurer , hereby resign as
·	, hereby resign as (Title)
PONCE DE LEON TOWNHOM	MES CONDOMINIUM ASSOCIATION, INC.
1)	Name of Corporation)
N17000001025 (Document Number, if known)	, a corporation organized under the laws of the State of
,	
Florida	
	 '

FILING FEE IS \$35.00

(Signature of resigning officer director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314