

N17000005533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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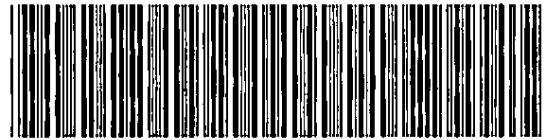
(Business Entity Name)

(Document Number)

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4/26/21

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Silver Star Shopping Center Condominium Association Inc  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N17000005533  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Barbara Correa  
\_\_\_\_\_

(Name of Person)

Silver Star Shopping Center Condominium Association Inc  
\_\_\_\_\_

(Name of Firm/Company)

6000 Metrowest Blvd Ste 101  
\_\_\_\_\_

(Address)

Orlando, FL 32835  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Correa  
\_\_\_\_\_

(Name of Person)

at (407) 988-3397  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Barbara Correa, hereby resign as Officer/Secretary  
(Title)

of Silver Star Shopping Center Condominium Association Inc  
(Name of Corporation)

N17000005533, a corporation organized under the laws of the State of  
(Document Number, if known)

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

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