## 117010

| (Requestor's Name)                      |  |  |
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| (Address)                               |  |  |
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| (Address)                               |  |  |
| (Address)                               |  |  |
|                                         |  |  |
| (City/State/Zip/Phone #)                |  |  |
|                                         |  |  |
| PICK-UP WAIT MAIL                       |  |  |
|                                         |  |  |
| (Business Entity Name)                  |  |  |
| (Dusiness Littly Name)                  |  |  |
|                                         |  |  |
| (Document Number)                       |  |  |
| •                                       |  |  |
| Certified Copies Certificates of Status |  |  |
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| Special Instructions to Filing Officer: |  |  |
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Office Use Only



100139058061

12/19/08--01017--009 \*\*35.00

officer Resignation
TR 12-24-08

## **COVER LETTER**

SUBJECT: Le Village De Provence Master Association, Inc. (Name of Corporation) N17010 **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: Donald J Cuozzo (Name of Person) (Name of Firm/Company) 289 SW Harbor View Drive (Address) Palm City, FL 34990 (City/State and Zip Code) For further information concerning this matter, please call: Carol Reed 772 , 220-0813 (Area Code & Daytime Telephone Number) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Sident Title)

| L. Donald J. Cuozzo                  | , hereby resign as Vice president                   |
|--------------------------------------|-----------------------------------------------------|
|                                      | (Title)                                             |
| of Le Village De Provence Master Ass |                                                     |
| (Name of Cor                         | poration)                                           |
| N17010 , a co                        | orporation 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