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		L	Office Use Only	

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #)	- er i		
2(Corporation Name)	100048968914 -02/08/0201059003 *****105.00 ******35.00			
3 (Corporation Name)	(Document #)	يِثِي مُعَمِّد <u>أُمِي</u>		
4	Certified Copy  Certificate of Status  AMENDMENTS  Amendment  Resignation of R.A. Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/QUALIFICATION  Foreign  Limited Partnership  Reinstatement  Trademark  Other	٠		
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CR2E031(7/97)

Examiner's Initials
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DPH CORPORATION FAX NO.

PAGE 82

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## **OFFICER / DIRECTOR RESIGNATION**

I, JUAN MENENDEZ , hereby resign as Vice Presiden	t/Secretary/
(Title)	Director
of Michelle Jardins No. 1 Homeowners Association, Inc. (Name of Corporation)	
a corporation organized under the laws of the State of Florida	
and affirm that the corporation has been notified in writing of the resignation.	• .
(Signature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E044(9/98)