N18 00000 3283

(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		_

Office Use Only



100327571621

04/15/19--01032--828 ••70.60

19 APR 15 M 7: 4

APR 2 6 2019 S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Designation of Officers - Genova One (Name of Corporation)
DOCUMENT NUMBER: N18000003283
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Monica Ryan
(Name of Person)
Genova
(Name of Firm/Company)
9510 Corkscrew Palms Circle #1
(Address)
Estero, FL 33928
(City/State and Zip Code)
For further information concerning this matter, please call:
Monica Ryan at (239)948-2929 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Debbi Wallace	hereby resign as Director	
i,	(Title)	
_{of} Genova One Asso	ociation, Inc.	
	ne of Corporation)	
N18000003283 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	·	
	Deus 5	
	(Signature of resigning officer/director)	
	11 0g 12 0g	

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