

N18 00000 6871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

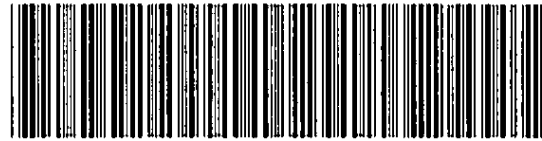
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BEATRICE ROW HOMEOWNERS ASSOCIATION INC.

(Name of Corporation)

**DOCUMENT NUMBER:** N18000006871

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TORREALBA ALIRIO

(Name of Person)

BEATRICE ROW HOMEOWNERS ASSOCIATION INC

(Name of Firm/Company)

301 ALMERIA AVE SUITE 330

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT GUTLOHN

(Name of Person)

at ( 305 ) 444-3666

(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

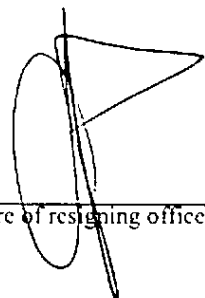
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ALIRIO TORREALBA, hereby resign as PRESIDENT/D  
(Title)

of BEATRICE ROW HOMEOWNERS ASSOCIATION, INC.  
(Name of Corporation)

N180000006871, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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FILED

**FILING FEE IS \$35.00**

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