

N19 0000004888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

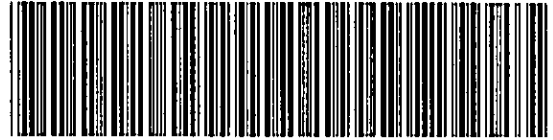
(Business Entity Name)

(Document Number)

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O/D-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EUREKA COVE HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N19000004888

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

CARLOS A. URANGA

(Name of Person)

EUREKA COVE HOMEOWNERS ASSOCIATION, INC.

(Name of Firm/Company)

9245 S.W. 35 STREET

(Address)

MIAMI, FLORIDA 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS A. URANGA

(Name of Person)

at (786) 768-3216

(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, CARLOS A. URANGA, hereby resign as Director, President and Treasurer
(Title)

of EUREKA COVE HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

N19000004888, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

CARLOS URANGA 6/02/2020

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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