## N19000010496

(Reque	estor's Name)		
(Address)			
(Addre	ss)		
(City/S	tate/Zip/Phone :	#)	
PICK-UP	WAIT	MAIL	
(Busin	ess Entity Name	e)	
(Document Number)			
Certified Copies	Certificates o	of Status	
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JQ 10/15/20

## TRANSMITTAL LETTER

SUBJECT	JECT: VILLA EMMA TOWNHOME CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)		
DOCUMENT NUMBER: N1900001	0496		
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing		
Please return all correspondence con	cerning this matter to the following:		
Hector Material	on)		
371 (O) A) Wy (Name of Firm/Con	CL C		
2090 NW 133 (Address)	Are unil 1		
Miami, FL (City/State and Zip	33 (6).		
For further information concerning t	his matter, please call:		
Mala (Name of Person)	at (309) 253-7900 (Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.00 made	e payable to the Florida Department of State.		
Mailing Address:	Street Address:		

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Amendment Section Division of Corporations

TO:

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Hector Mata	Secreta , hereby resign as	Secretary horeby resign as	
	, necesy resign as	(Title)	
VILLA EMMA TOWNHON	TE CONDOMINIUM ASSOCIATION, INC.		
	(Name of Corporation)		
N19000010496 (Document Number, if ki	, a corporation organized under th	e laws of the State of	
·	nown)		
Florida			
<del></del>	<del></del>		

(Signature of resigning of ficer/director)

## 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 SECKETARY OF STATE
TALLAHASSEE, FL