

N 19 0000 11680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

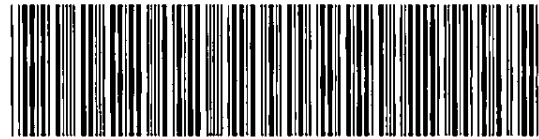
(Document Number)

Certified Copies _____

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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CERTIFIED COPY

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RESIGNATION

FILED
2022 SEP - 1 PM 2:29
TALLAHASSEE, FL

1. **PETE MULLARKEY**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

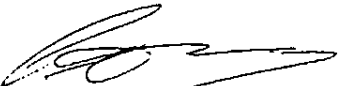
**SPECIAL
INSTRUCTIONS:**

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Pete Mullarkey, hereby resign as Secretary/Treasurer and Director
(Title)

of Castalina Commercial Property Owners Association, Inc.
(Name of Corporation)

N19000011680, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILED
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TALLAHASSEE, FL

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