

N19157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

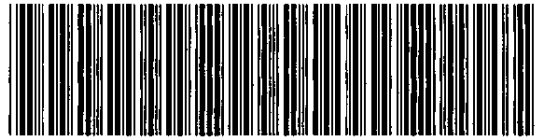
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400147880424

04/07/09--01025--019 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR -7 PM 1:07

OD/Res
@ 4.9.09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Munne Homeowners Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N19157

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

Please return all correspondence concerning this matter to the following:

Luis O. Gomez

(Name of Person)

(Name of Firm/Company)

14471 SW 96 Terrace

(Address)

Miami, Florida 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis O. Gomez

(Name of Person)

at (786) 487-7148

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Luis O. Gomez, hereby resign as President
(Title)

of Munne Homeowners' Association, Inc.
(Name of Corporation)

N19157, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR -7 PM 1:07

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