

N19945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

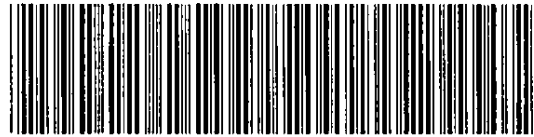
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100300117291

06/12/17--01015--015 \*\*35.00

JUN 16 2017  
S. YOUNG

17 JUN 12 PM 4:00  
BALANCE - 100.00  
TOTAL - 100.00

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VILLAS OF SUN AIR OWNERS ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N19945

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

Please return all correspondence concerning this matter to the following:

**Kathy Alldredge**

(Name of Person)

**Garrison Property Services, LLC**

(Name of Firm/Company)

**P.O. Box 510**

(Address)

**Dundee, FL 33838**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Kathy Alldredge**

(Name of Person)

at ( **863** ) **439-6550**

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Debbie Schrade, hereby resign as Sec, Tres  
(Title)

of VILLAS OF SUN AIR OWNERS ASSOCIATION, INC.  
(Name of Corporation)

**N19945**  
\_\_\_\_\_, a corporation organized under the laws of the State of \_\_\_\_\_  
(Document Number, if known)

# Florida

U. Schrade

(Signature of resigning officer/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

1000