N29054

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
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1-VISION TARRY OF STATIONS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: New Providence Maintenance Assn. Inc. (Name of Corporation)
DOCUMENT NUMBER: N 29054
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mario Santos (Name of Person)
(Name of Person)
A. M. 9. U
(Name of Firm/Company)
1117 S.W. 149 Lanc (Address)
Survise FL 33326
(City/State and Zip Code)
For further information concerning this matter, please call:
Mario Santos (Name of Person) at (
(Name of Person) (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 DEC -4 AM //: 44

I,	Carol	Dooser	, hereby resign as	72			
of	New	Providence	Maintenance	Associa	Titles LNC.		
(Name of Corporation)							
	· ·	Number, if known)	, a corporation organized und	der the laws of the	ne State of		
	Hon	da					
//	1/24/09	9	N				
(Signature of resigning officer/director)							

FILING FEE 1S \$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