

N 35 7 24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

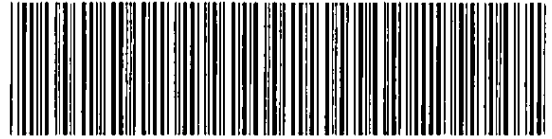
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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06/30/23--01010--029 \*\*35.00

FILED  
2023 JUN 26 PM 1:32  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

O/D  
Resign.

6/29/23

Dc



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2023

SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC.  
2800 BISCAYNE BLVD.  
SUITE 310  
MIAMI, FL 33137

SUBJECT: MYSTIC POINTE CONDOMINIUM NO. THREE ASSOCIATION, INC.  
Ref. Number: N35724

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

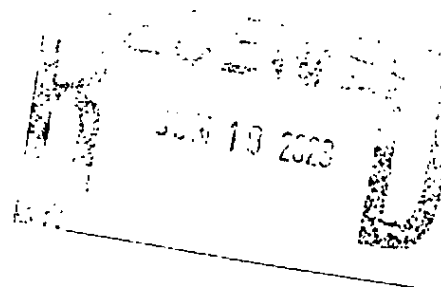
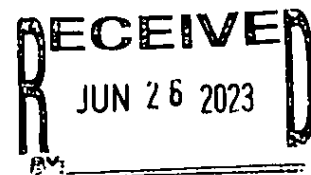
To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 823A00012780



## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MYSTIC POINTE CONDOMINIUM NO. THREE  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N-35724  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MARC VARRY  
\_\_\_\_\_  
(Name of Person)

MYSTIC POINTE CONDOMINIUM NO. THREE  
\_\_\_\_\_  
(Name of Firm/Company)

19101 MYSTIC POINTE DRIVE  
\_\_\_\_\_  
(Address)

AVENTURA, FL 33180  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA GUERRA \_\_\_\_\_ at (\_\_\_\_\_) 954-348-3210  
(Name of Person) (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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARC VARRI, hereby resign as VP  
(Title)

of MYSTIC POINTE CONDOMINIUM NO. THREE ASSOCIATION, INC.  
(Name of Corporation)

N-35724, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Marc Varri

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUN 26 PM 1:32

FILED