N34728

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MA	IL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



400292957024

12/23/16--01006--020 **35.00

DD/R65

DEC 28 2016

ALBRITTON

TRANSMITTAL LETTER

PINE GROVE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N36728 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID E. MENET (Name of Person) SALTER FEIBER, P.A. (Name of Firm/Company) 3940-B NW 16TH BLVD (Address) GAINESVILLE, FL 32605 (City/State and Zip Code) For further information concerning this matter, please call: DAVID E. MENET (Name of Person)

TO:

Amendment Section Division of Corporations

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} CATHERINE E. AYERS	YERS SECRETARY, TREASURER, DIRECTOR hereby resign as		
",	_, nerooy resign as	(Title)	
PINE GROVE PROFESSIONAL CE	ENTER OWNERS AS	SSOCIATION, INC.	
(Name of Corporat	ion)		
N36728, a corpo	oration organized under the	laws of the State of	
FLORIDA			
Catherine E. (Signature of	resigning officer/director)	2016 EC 23 PH 2	
FILING F	TEE IS \$35.00	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314