## N37570

(Requestor's I	Name)	
(Address)		
(Address)		
(City/State/Zip	/Phone #)	
PICK-UP W	AIT MAIL	
(Business Ent	ity Name)	
(Document Number)		
Certified Copies Cert	ificates of Status	
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JAN - 2 2013

T. BROWN

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: WILLA SPRINGS COMMERCIAL CENTER PHASE TWO - A DWNERS (Name of Corporation) ASSOCIATION, INC.
DOC	CUMENT NUMBER: N 37570
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to the following:
	MITCHELL BONETT (Name of Person)
	(Name of Firm/Company)
	(Name of Firm/Company)
10	40 WILLA SPRINGS DR (Address)
W	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
N	117CH BONET at (407) 83/-4100 ≥ 101 (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 409 E. Gaines Street Tallahassee, FL 32399



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MITCHELL BOI	VETT , hereby resign as OFFICER (Title)
	S COMMERCIAL CENTER PHASE TWO-A, me of Corporation)  OWNERS ASSOCIATION, INC.
(Document Number, if known)	, a corporation organized under the laws of the State of
PCOPIDA	<u> </u>

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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