

N41682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

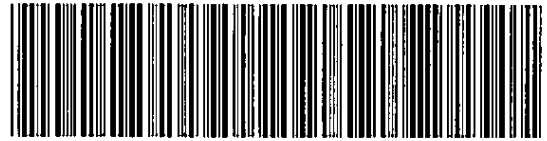
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TALLAHASSEE, FL

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLACKBERRY CREEK AND ST. CLOUD COMMERCE CENTER MASTER ASSOCIATION, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N41682  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

**Sheran Rasmus**  
\_\_\_\_\_

(Name of Person)

**Schoolfield Properties**  
\_\_\_\_\_

(Name of Firm/Company)

**101 Park Place Blvd. Suite 3**  
\_\_\_\_\_

(Address)

**Kissimmee, FL 34741**  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

**Sheran Rasmus**  
\_\_\_\_\_

(Name of Person)

at ( **407** ) **847 3099**

(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, Sheran Rasmus, hereby resign as Secretary/Treasurer  
(Title)

of BLACKBERRY CREEK AND ST. CLOUD COMMERCE CENTER MASTER ASSOCIATION, INC.  
(Name of Corporation)

N41682, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**FILED**  
2019 JUN 28 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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