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M/Di Resign

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Decoplage Condominion ASSOCIATION THE Name of Corporation) DOCUMENT NUMBER: N920000006686
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Shewy Roberts (Name of Person)
(Name of Firm/Company)
100 Lincoln Rd Ph 2 (Address)
Miani Beach. Fl 33139 (City/State and Zip Code)
For further information concerning this matter, please call:

at (305) 205-2030 (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 FOR A CORPORATION 10 FEB - 1 PH 12: 07 FALLAHASSEE. FLORIDA 1, Showy Roberts, hereby resign as PRESIDENT (Title) of the Desplace Condominium Association (Namp of Corporation) N 920000 686 (Document Number, if known) Florida

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