

N93 000000419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

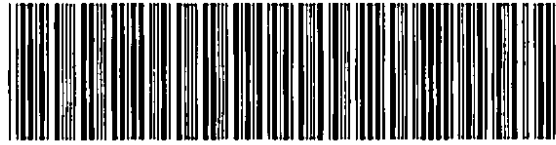
(Business Entity Name)

(Document Number)

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08/17/20 10:10:13 PM \*\*\* 5.00

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2020 AUG 17 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/12/20

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MIAMI BEACH TOWNHOMES A CONDOMINIUM ASSOCIATION  
(Name of Corporation) INC

**DOCUMENT NUMBER:** N93000000419

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

Please return all correspondence concerning this matter to the following:

NORMAN REIZ

(Name of Person)

(Name of Firm/Company)

743 MICHIGAN AVE #4

(Address)

MIAMI BEACH FL. 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

NORMAN REIZ

(Name of Person)

at ( 786 ) 371-5714

(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

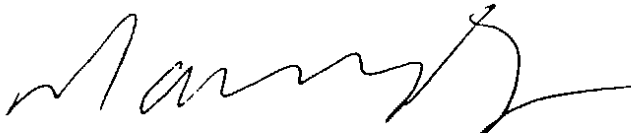
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, NORMAN REIZ, hereby resign as DIRECTOR  
(Title)

of MIAMI BEACH TOWNHOMES A CONDOMINIUM ASSOCIATION INC.  
(Name of Corporation)

N93000000419, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.



(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

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TALLAHASSEE, FL