

1798000002639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

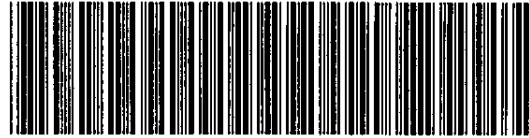
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAR 11 2015
T. LEMIEUX

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MED GROVE CONDOMINIUM ASSOCIATION, INC
(Name of Corporation)

DOCUMENT NUMBER: N98000002639

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

Please return all correspondence concerning this matter to the following:

Gilles D DOS SANTOS

(Name of Person)

(Name of Firm/Company)

2601 Steeplechase Rd.

(Address)

DAVIE, FL33330

(City/State and Zip Code)

For further information concerning this matter, please call:

Gilles D DOS SANTOS at (**305**) **807-4262**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

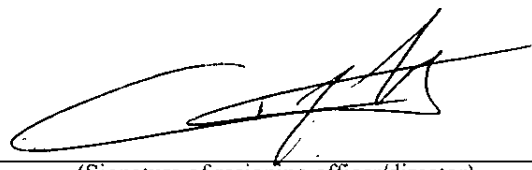
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Gilles D DOS SANTOS, hereby resign as Secretary
(Title)

of MED GROVE CONDOMINIUM ASSOCIATION, INC,
(Name of Corporation)

N98000002639, 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

APPROVED
AND
FILED
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TALLAHASSEE, FLORIDA