N9800005099

e

(Requestor's Name)		
(Ac	ldress)	
•(Ac	idress)	
• (Ci	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	Office Use On	

500211781605

*

09/13/11--01011--003 **35.00

FILED SECRETARY OF STATL DIVISION OF CORPORATIONS



COVER LETTER

TO: Amendment Section Division of Corporations

win Homes Condominion Best iscal ne SUBJECT:

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

mari 15 Santiesteban (Name of Person) Homps twin Name of Firm/Compa <u>>1 Sau 288 87</u> (Address)

City/State and Zip Co ララのう

For further information concerning this matter, please call:

(Name of Person) (Area Code & Davtime Telepho

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 <u>Mailing Address</u>: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2011

ELIO SERRA BISCAYNE BEST TWIN HOMES 15871 SW 288 ST - APT 3-4 HOMESTEAD, FL 33033

SUBJECT: BISCAYNE BEST TWIN HOMES CONDOMINIUM ASSOCIATION, INC. Ref. Number: N98000005099

We have received your document for BISCAYNE BEST TWIN HOMES CONDOMINIUM ASSOCIATION, INC. (and your check(s) totaling \$35.00.) However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 711A00021378

· · · · · · ·

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION cotics ân ale , hereby resign as_ (Title) Homes condominium wi ิวา noration' , a corporation organized under the laws of the State of (Document Number, if known) oxida. 1 001 (Synature of resigning officer/director) 1 PH 2:02 FILING FEE IS \$35.00

٩,

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

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