Po10000321943

(Requestor's Name)
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(C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

SUBJECT: BRICKELL FIRST TRUESTMENT REACTY, IN (Name of Corporation)
DOCUMENT NUMBER: PO1000032943
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Douglas C. TABER (Name of Person)
BRICKELL FIRST FNUESTMENT REACTY, INC. (Name of Firm/Company)
17555 COLLINS AU. #1807 (Address)
SUNNY ISLES BEACH, FC. 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
Doug 4A5 TABER at (305) 466-42// (Name of Person) (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

409 E. Gaines Street

Tallahassee, FL 32399

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Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DOUGLAS C. TABER	, hereby resign as	PRESIDEM (Til	VT- BROK tle)	£Κ
of BRICKECC FIRST I (Name of Co	NVESTMENT proporation)	REACTY, I	<u>'</u> <u>/</u> / C	,
PO1000032943 ,a (Document Number, if known)	corporation organized un	nder the laws of the	State of	
Florida.				
Donalda (Signat	ture of resigning officer/direct	ctor)	05 MAR 28 PM 2: 23	ゴトロロ

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