

P01533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PARK AVENUE DEVELOPMENT  
Name of Corporation

**DOCUMENT NUMBER:** P01533

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

UDO GARBE

Name of Contact Person

PARK AVENUE DEVELOPMENT

Firm/Company

535 PARK AVENUE NORTH SUITE 224

Address

WINTER PARK, FL 32789

City/State and Zip Code

padcorp@padwp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN MATTHEWS

Name of Contact Person

at ( 407 ) 629-9082

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, BERNHARD GARBE, hereby resign as VP  
(Title)

of PARK AVENUE DEVELOPMENT  
(Name of Corporation)

P01533, 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

**FILED**  
**13 SEP -9 PM 3:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**