## P02000045269

(Requestor's Name)
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(Audicss)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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off. Resign.

TBrown 4-20-11

## **COVER LETTER**

Division of Corporations	
SUBJECT: Wyndam Park, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P02000045269	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	or filing
Please return all correspondence concerning this matter to the following:	
Michael F. Aranda	
(Name of Person)	
Wyndam Park, Inc.	
(Name of Firm/Company)	
PO Box 32602	
(Address)	
Palm Beach Gardens, Florida 33420	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael F. Aranda at ( 561 ) 722-6590	
Michael F. Aranda at (561) 722-6590  (Name of Person) (Area Code & Daytime Telephone N	umber)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	
Street Address: Amendmer' Section Division of reporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TASECALARISSEE OF STATE OF STA

<sub>I.</sub> Michael F. Aranda	hael F. Aranda, hereby resign as President/Se	
	,,g.,g.,	(Title)
of Wyndam Park, Inc.		
(Nan	ne of Corporation)	
P02000045269 (Document Number, if known)	, a corporation organized un	der the laws of the State of
Florida		
		7
	(Signature of resigning officer/direct	tor)

## **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