P04000118720

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PłCK-UP	MAIT	MAIL
(Bı	usiness Entity Nar	ne)
	 	
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



600181883536

06/14/10--01021--023 **35.00

10 JUN 14 PH 1: 14

Jer eliser

COVER LETTER

SUBJECT: PREFERENTIAL PROPERTIES OF CENTRAL FLORIDA, INC. (Name of Corporation)
Name of Corporation) DOCUMENT NUMBER: PO 4000 1870
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAWNMARIE FINIGUS (Name of Person) (Name of Person) (Name of Person)
(Name of Person) (Name of Person) (Name of Person)
(Name of Person) PREFERENTIAL IROFERTIES OF CENTRAL SLORIDA, INC (Name of Firm/Company)
(Name of Firm/Company)
1674 RIDGE MOOR DR
(Address)
MASCOTTE FL 34753 (City/State and Zip Code)
For further information concerning this matter, please call:
DAWN ANGU at (407) 863 1011 (Name of Person) (Area Code & Daytime Telephone Number)
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

 I, <u>⊆</u>	DAWNMARLE ANGUS, hereby resign as PRESIDENT	
of_	PREFERENTIAL PROPERTIES OF CENTRAL PLOP (Name of Corporation)	Q124
_	, a corporation organized under the laws of the State of (Document Number, if known)	
	PO 4000 118720	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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