

PO500020546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BELVEDERE REAL ESTATE MANAGEMENT, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P05000020546

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

Please return all correspondence concerning this matter to the following:

Carline Maurice

(Name of Person)

BELVEDERE REAL ESTATE MANAGEMENT, INC.

(Name of Firm/Company)

5460 N. STATE ROAD 7 SUITE 217

(Address)

NORTH LAUDERDALE FL 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

Carline Maurice

(Name of Person)

at ( 954 ) 638-2705

(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

**Mailing Address:**

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Carlina Maurice, hereby resign as PD  
(Title)

of BELVEDERE REAL ESTATE MANAGEMENT, INC.  
(Name of Corporation)

P05000020546, 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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