

PD60000026232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

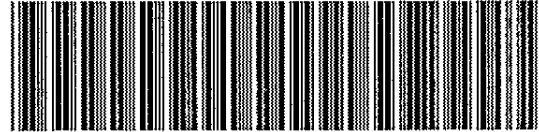
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SLW Med Condo Management, Inc
(Name of Corporation)

DOCUMENT NUMBER: P06000026232

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

Please return all correspondence concerning this matter to the following:

Christiane Ashba

(Name of Person)

SLW Med Condo Management, Inc

(Name of Firm/Company)

1203 SW Sunset Trail

(Address)

Palm City, FL 34990

(City/State and Zip Code)

For further information concerning this matter, please call:

Bertrand Sorel

(Name of Person)

at (772) 219-9979

(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

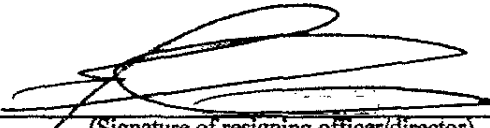
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Bertrand Sorel, hereby resign as Vice-President
(Title)

of SLW Med Condo Management, Inc
(Name of Corporation)

P06000026232, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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DIVISION OF CORPORATIONS
SECRETARY OF STATE

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