## P08000009859

| (Re                                     | equestor's Name)   |             |
|---|--------------------|-------------|
| (Ac                                     | idress)            |             |
| (Ac                                     | idress)            |             |
| (Ci                                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bi                                     | usiness Entity Nar | me)         |
| (Document Number)                       |                    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
| ·                                       |                    | . '         |
|   |                    |             |
|   |                    |             |
|   |                    |             |

Office Use Only



300236215573

06/15/12--01013--022 \*\*35.00

DIVISION OF CORPORATIONS

12 JUN 15 AN O. 11

off. Res.

JUN 1 8 2012

T. BROWN

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| COMPLETE PROPER   | RTY MANAGEMENT OF SOUTH FLORIDA INC  |
|---|--|
| SUBJECT: COMPLETE PROPER                                    | (Name of Corporation)  |
| DOCUMENT NUMBER: P0800                                      | 0009859  |
|   | ation for a Corporation and fee are submitted for filing   |
| Please return all correspondence conc                       | erning this matter to the following:   |
| PAT YONG  |  |
| (Name of Person   | )  |
| COMPLETE PROPERTY MANAGE                                    | GEMENT F SOUTH   |
| (Name of Firm/Com   | pany)  |
| 5455 NW 24 STREET   |  |
| (Address)   |  |
| MARGATE, FL 33063   |  |
| (City/State and Zip C                                       | Code)  |
| For further information concerning th                       | is matter, please call:  |
| PAT YONG  | at ( 954 ) 974-5151 (Area Code & Daytime Telephone Number)   |
| (Name of Person)  | (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for \$35.00 made p                      | payable to the Florida Department of State.  |
| Amendment Section Division of Corporations Clifton Building | Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, NAM H. LUONG                          | , hereby resign as DIRECTOR                              |
|--|--|
|  | (Title)  |
| 01                                       | NAGEMENT OF SOUTH FLORIDA, INC.                          |
| (Nan                                     | ne of Corporation)                                       |
| P08000009859 (Document Number, if known) | , a corporation organized under the laws of the State of |
| 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