P08000089056

(Requestor's Name)				
(Address)				
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(Address)				
. (Au	(11655)			
(Cit	y/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Bu	siness Entity Name)			
(50	omess Entry Name,			
(Do	cument Number)			
Certified Copies	Certificates of Status			
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SECRETARY OF STATE
ALL AHASSEE ELOPIDA

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COVER LETTER

TO: Amendment Section —Division of Corporations
SUBJECT: BRICKELL ON THE RIVER 1 (Name of Corporation) PO8000089056
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE PAGGI (Name of Person)
BRICKELL ON THE RIVER 1
(Name of Firm/Company)
620 76TH STREET SUITE 5
(Address)
MIAMI BEACH, FL 33141
(City/State and Zip Code)
For further information concerning this matter, please call:
JOSE PAGGI at (786) 547-8727 (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: Mailing 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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, JUAN A PAGGI	, hereby resign as PRE	SIDENT (Title)	
f BRICKELL ON THE RIVER 1 - (Name of	InC of Corporation)		_,
P08000089056 (Document Number, if known) FLORIDA	, a corporation organized under the	99 JAN 13 PH II: SECRETARY OF STAT TALLAHASSEE, FLORII	

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