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PICK-UP	☐ WAIT	MAIL
, (P)	usiness Entity Name)	
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORID

or (10/35/09

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BARCLAY'S COMP	PLETE PROPERTY MANAGEMENT GROUP, IN((Name of Corporation)
DOCUMENT NUMBER: P09	000018316
The enclosed Officer/Director Resignation	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
SHEARL RAY HICKS	
(Name of Pers	son)
BARCLAY'S COMPLETE PRO	PERTY MANAGEME
(Name of Firm/Co	ompany)
555 N. E. 15TH STREET SUIT	E 200
(Address)	
MIAMI, FL 33132	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
SHEARL RAY HICKS	at (786) 389-5402 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	le 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. MATHIEU ROCHETTE	, hereby resign as SECRETARY
	(Title)
of BARCLAY'S COMPLET	E PROPERTY MANAGEMENT GROUP, INC.
	(Name of Corporation)
no. 209000018316 a corporation organized under the laws of the State of	
(Document Number, if known)	
FLORIDA	

(Bignature 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 SIGNOATALLAHASSEE, FLORIDA