

P/0000052519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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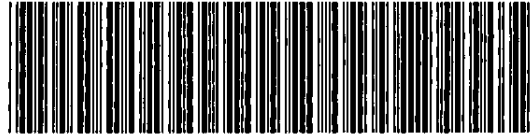
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001

O/D
Resign.

2/3/12

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Associated Community Property Managers, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P10000052519

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

Please return all correspondence concerning this matter to the following:

William Ciano
(Name of Person)

(Name of Firm/Company)

10153 NW 17 St.
(Address)

Coral Springs FL 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

William Ciano at (954) 340-8766
(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:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

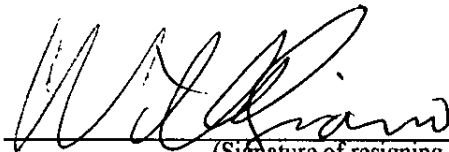
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, William Ciano, hereby resign as President
(Title)

of Associated Community Property Managers, Inc.
(Name of Corporation)

P10000052519, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

STATE OF FLORIDA
TALLAHASSEE

12 FEB - 1 PM 4:27

FILED

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