P140000 93067

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





600269612886

03/02/15--01036--008 **35.00

SECRETARY OF STATE TALLAMASSEE, FLORIDA

MAR 0 6 2015 T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WOODRIGDE AT CARROLLWOOD INC (Name of Corporation)
DOCUMENT NUMBER: P14000093067
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MITCHEL SABINA
(Name of Person)
N/A
(Name of Firm/Company)
7767 NW 146 STREET
(Address)
MIAMI LAKES, FL 33016
(City/State and Zip Code)
For further information concerning this matter, please call:
MITCHEL SABINA at (305)819-0212 (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: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, TLORIDA

15 MAR -2 PM 4:08

I MITCHEL SABINA	, hereby resign as VP
	(Title)
_{of} WOODRIDGE AT	CARROLLWOOD INC
	me of Corporation)
P14000093067 (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