## 9000011143 FILED Requester's Name 3333 Del Prado Boulevard # City/Sta Cape Coral, FL 33904 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in Certificate of Status Mail out **₩** Will wait ■ Photocopy **NEW FILINGS AMENDMENTS** ☐ Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other **REGISTRATION/QUALIFICATION OTHER FILINGS** Foreign Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

OI APR 30 PM 1: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## OFFICER / DIRECTOR RESIGNATION

Ι,	Linda M. Tison	, herel	oy resign as_	Presiden (Title) Vi	<u>t,Treas</u> ce Pres	<u>urer</u> ,Di ident,S	recto	or tary
of	The Property Maintenance (Name of Corp		nc.		<del></del>	<del></del>	<b>,</b>	÷
a corp	oration organized under the laws of the	State of _	Florida		-			
and at	firm that the corporation has been notif	ied in writi	ng of the resi	gnation.				
	Signatur	)). e of resigning	g officer/directo	), or)	<u>-</u>		·	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314