## N 1600001147

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000300536070

U6/32.17--81016--019 \*\*165.00



C. GOLDEN
JUN 2 7 2017

## TRANSMITTAL LETTER

SUBJECT: LITTLE Grove NO. 2 (Ondo. 9550C. (Name of Corporation)
it is a second composition.
DOCUMENT NUMBER: N 16 10 10 10 10 10 10 10 10 10 10 10 10 10
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chanel Rodriguez (Name of Person)
Little Grove ND 2 Condo. GISSOC. (Name of Firm/Company)
PD BOX 453U06 (Address)
(Address)
MIAMI FI 33245 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Education Rodrigue L at (305) 992.4709 (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

Amendment Section Division of Corporations

TO:

CR2E044 (05/13)

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(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