## 716983

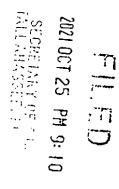
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
NOV -4 2021	

Office Use Only



800375374898

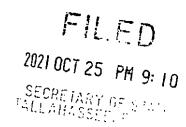
10.25/21--01025--013 \*\*35.00



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
The Carlyle Association, Inc.	
	(Name of Corporation)
DOCUMENT NUMBER: 716983	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	g this matter to the following:
Lynda Damerau, President	
(Name of Person)	
The Carlyle Association, Inc.	
(Name of Firm/Company)	
2881 NE 33rd Court	
(Address)	
Fort Lauderdale, FL 33306	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Lynda Damerau	at ( ) 557-4878 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	le to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



GA

Michael Rose	Vice President , hereby resign as
·	(Title)
The Carlyle Assocation, Inc.	
··-	(Name of Corporation)
716983	, a corporation organized under the laws of the State of
(Document Number, if kno	wii)
Florida	
	<del></del>
	1/11/1

## FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314