721864

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



900369181509

27 00 Due 1101De 111 -+*27.01



A. Butter 8/10/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

Literacy for Adults in Brevard

(Name of Corporation)

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

Please return all correspondence concerning this matter to the following:

Vicky Dunn	
(Name of Person)	
Literacy for Adults in Brevard	
(Name of Firm/Company)	
219 N. Indian River Drive	
(Address)	
Cocoa FL 32922	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Vicky Dunn, President

at () 321 301-4496

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

DOCUMENT NUMBER: 721864

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 2021 JUL-6 AH 3: 49

SEURE MAIL 1 OF STATE TALLAHIT SSEE, FL

Annette Melnicove	, hereby resign as	Treasurer
	, nercoy resign as	(Title)
Literacy for Adults in Brevard		
(Nan	ne of Corporation)	<u> </u>
721864	, a corporation organized unde	r the laws of the State of
(Document Number, if known)	,	
Florida		
	··	
A		
// 14	Maricore	
Anette	MULLIUCOUR 3	

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