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TRANSMITTAL LETTER

OAKLAND HILLS SOCIAL CENTER, INC. SUBJECT: (Name of Corporation) 721925 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STUART ROBERTS (Name of Person) OAKLAND HILLS SOCIAL CENTER, INC. (Name of Firm/Company) 800 SW 51ST AVENUE (Address) MARGATE, FL 33068 (City/State and Zip Code) For further information concerning this matter, please call: STUART ROBERTS (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

TO:

Amendment Section **Division of Corporations**

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

WAI	LACE J. LEWIS	PRESIDENT , hereby resign as		
		, , , , , , , , , , , , , , , , , , , ,	(Title)	
OA f	KLAND HILLS SOCIAL (CENTER, INC.		
	()	Name of Corporation)		
	1925	, a corporation organized under the	_, a corporation organized under the laws of the State of	
(Do	cument Number, if known)			
FL	ORIDA			
	<u>C</u>	(Signature of resigning/officer/director)	2020 APR 27 SECRETAR TALL AHASS	
		V	R 27	

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