## N09000008754

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**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corpora	n ations
SUBJECT: SCHS IB Pa	rtnership, Inc.
	(Name of Corporation)
DOCUMENT NUMBER	N0900008754
The enclosed Officer/Direc	tor Resignation for a Corporation and fee are submitted for filing
Please return all correspond	dence concerning this matter to the following:
Bobbi Camp, as Regist	ered Agent
(Nan	ne of Person)
SCHS IB Partnership, I	nc.
(Name o	Firm/Company)
4691 Gallagher Road	
(.	Address)
Dover, FL 33527	
(City/Sta	te and Zip Code)
For further information cor	ncerning this matter, please call:
Bobbi Camp, as Registe	ered Agent at (813) 431-1494 (Area Code & Daytime Telephone Number)
(Name of Pe	rson) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35	5.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327  Illahassee, FL 32314

TO:

## December 5, 2011

## HAND DELIVERED

Kelly Shirley, President SCHS IB Partnership, Inc. c/o Strawberry Crest High School 4691 Gallagher Road Dover, FL 33527

RE: Resignation as Treasurer

Dear Kelly:

I am writing to inform you that I am resigning my position as Treasurer of the SCHS IB Partnership, Inc. executive board, effective immediately.

Other commitments have become all consuming and I am no longer able to fulfill the obligations and requirements of my position on the Board.

Thank you,

Cindy Flowers