

N090000008754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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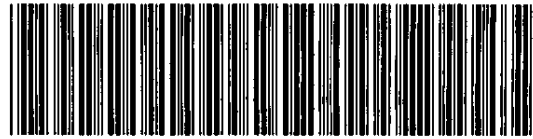
(Business Entity Name)

(Document Number)

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JUN 30 2014  
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10-7/14/14

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SCHS IB Partnership, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N09000008754

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

Please return all correspondence concerning this matter to the following:

Bobbi Camp, as Registered Agent  
(Name of Person)

SCHS IB Partnership, Inc.  
(Name of Firm/Company)

P.O. Box 1590  
(Address)

Dover, FL 33527  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bobbi Camp, as Registered Agent at (813) 431-1494  
(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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Miriam Leech, hereby resign as Secretary  
(Title)

of SCHS IB Partnership, Inc.  
(Name of Corporation)

N09000008754, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Miriam R. Leech  
(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

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