114000007932

(Requ	uestor's Name)	
(Addı	ess)	
(AbbA)	ess)	
(City/	State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL.
(Busi	ness Entity Nan	ne)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900287516509

07/05/16--01010--024 **35.00

FILED

SECRETARY OF STATE

AND AHASSEE FLOREDA

neitempier A a/o

TRANSMITTAL LETTER

Division of Corporations Cultural Alliance of Marco Island and Goodland, Inc. (Name of Corporation) DOCUMENT NUMBER: N14000007932 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Beverly Dahlstrom (Name of Person) Cultural Alliance of Marco Island and Goodland, Inc. (Name of Firm/Company) P.O Box 1824 (Address) Marco Island, FL 34146 (City/State and Zip Code) For further information concerning this matter, please call: Bruce Graev (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:** Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Bruce Graev	, hereby resig	nas Vice President
	, nercoy resig	(Title)
of Cultural Alliance o	f Marco Island an	d Goodand, Inc.
	lame of Corporation)	
N14000007932	, a corporation organize	ed under the laws of the State of
(Document Number, if known) Florida		
	- 0	

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