119700004884

(Requestor's Name) (Address)	100091519851	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	03/12/0701020010 **35.00 O7 MAR 12 PM 3: 10 SECRETARY OF STATE TALLAHASSEE. FLORIDA	

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COVER LETTER

Division of Corporations Key West Symphony Orchestra, Inc. (Name of Corporation) N97000004824 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: (Name of Person) Key West Symphony Orchestra (Name of Firm/Company) PO Box 774 (Address) Key West, FL 33041 (City/State and Zip Code) For further information concerning this matter, please call: Susan Webster at (305) 294-6496 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Susan Webster	hereby resign as	2nd VicePresident & Director	
	, notedy testion as_	(Title)	
of Key West Symphony Orchestra, Inc			
(Name of Corp	poration)		
N97000004824 , a co	orporation organized un	der the laws of the State of	
(Document Number, if known)			
Florida			
*			
(Signatu	— WMA re of resigning officer/direc	O7 MAR 12 PM 3: 10 ALL AHASSEE, FLORIDA BE	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314