

P11 0000 29013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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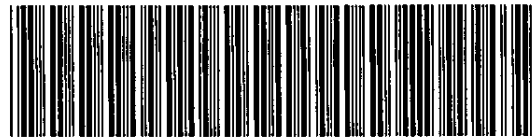
(Business Entity Name)

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7-9-13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTER COURT SOLUTIONS, INC
(Name of Corporation)

DOCUMENT NUMBER: P11 000029013

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

Please return all correspondence concerning this matter to the following:

ALEXANDRA HORSCH
(Name of Person)

~~REDACTED~~ CENTER COURT SOLUTIONS, INC
(Name of Firm/Company)

PO BOX 656
(Address)

LAKE FOREST IL 60045
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDRA HORSCH at (847) 830-5530
(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, ALEXANDRA HORSCH, hereby resign as SECRETARY / TREASURER
(Title)

of CENTER COURT SOLUTIONS INC.
(Name of Corporation)

P11000029013, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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