2765/0

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Priorie #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: CAPE KENNEDY	SHORES, INC.			
	(Name of Corporation)			
DOCUMENT NUMBER: 2765	10			
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing.			
Please return all correspondence cor	ncerning this matter to the following:			
Judith C. Deevers				
(Name of Perso	on)			
Cape Kennedy Shores, Inc.				
(Name of Firm/Cor	npany)			
8809 Live Oak Ct.				
(Address)				
C.C., FL 32920				
(City/State and Zip	Code)			
For further information concerning the	his matter, please call:			
Judith C. Deevers	at (321) 783-4459 (Area Code & Daytime Telephone Number)			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.			
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I.	Judith C. Deevers	, hereby resign as	Secretary	
-,			(Title)	
of	Cape Kennedy Shores Inc.			,
	(Name of Cor	poration)		
	. 276510 , a c (Document Number, if known)	corporation organized unde	er the laws of the State of	
	Florida			
•				
	(Signature)	re of resigning officer/director	SEGRETARY TALL AHASSE	Seed.
	FILIN	G FEE IS \$35.00	PM12: 1 OF STA F From	A LOSA

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

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