

325455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

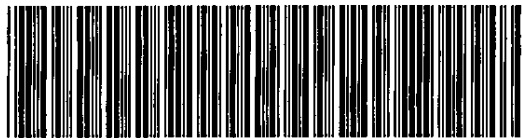
(Business Entity Name)

(Document Number)

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06 SEP 27 PM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Kr/A

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cascade Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 325455

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

Please return all correspondence concerning this matter to the following:

Pamela Brownell  
(Name of Person)

Prudential Palms Realty  
(Name of Firm/Company)

130 N. Tamiami Trail  
(Address)

Sarasota, FL 34236  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Brownell at ( 941 ) 926-7000  
(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  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

FROM : 000000000000

09/21/2006 15:03 FAX 9413490252

Sep. 19 2006 9:13AM

PHONE NO. : 000000000000  
PRUDENTIAL PALMS REALTY

Sep. 22 2006 09:25AM P2

No. 9678 P. 2

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Don Hughes, P.A., hereby resign as Vice President  
(Title)

of Cascade Inc.  
(Name of Corporation)

325455 a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Don Hughes P.A.  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

DBPR RE-2050 – Request for Change of Status



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399-0783  
Customer Contact Center: 850.487.1395  
FAX: 850.487.9529  
[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)

CHECK ACTION(S) REQUESTED
Transaction Type:
<input type="checkbox"/> Become Active – no charge
<input type="checkbox"/> Become Inactive – no charge
<input type="checkbox"/> Add/Delete Trade Name – no charge
<input type="checkbox"/> Become Sole Proprietor – no charge (Forms 2050 & 0080 required)
<input checked="" type="checkbox"/> Change Broker/Owner Employer – no charge
<input type="checkbox"/> Terminate Employee – no charge
<input type="checkbox"/> Add/Delete PA or LLC - \$30.00 fee required – see F.S. 475.161
<input type="checkbox"/> Request for Multiple License - \$95.00
<input type="checkbox"/> Renew license
<input type="checkbox"/> Qualifying Broker (CQ package required)
<input type="checkbox"/> Owner/Developer (Forms 2050 & 0080 required)

ASSOCIATE INFORMATION	
License Number <u>BK 325271</u>	Licensee Name <u>Don Hughes, P.A.</u>
Contact Information (telephone number or E-Mail address) <u>941-926-7000</u>	

BROKER OR ORGANIZATION INFORMATION	
Broker License Number <u>BK3179821</u>	Organization License Number <u>CQ1026457</u>
Broker/Owner Name <u>Scott G. Sosso</u>	
Organization Name <u>Palms Cascade LLC</u>	
Trade Name (if applicable) <u>Prudential Palms Realty</u>	Contact Info. (telephone number or E-Mail address) <u>941-926-7000</u>
Are you now or with the issuance of this license, an officer, director, member, or partner of any corporation, partnership, or L.L.C. which acts as a broker? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please list name of entity <u>Scott G. Sosso Real Estate Services, LLC</u>	

ATTEST STATEMENT (EXCEPT FOR ADD/DELETE PA OR LLC WHICH MAY BE SIGNED BY THE LICENSEE)	
I affirm that I have provided the above information completely and truthfully to the best of my knowledge.	
Broker/Owner Sign Here: <u>[Signature]</u>	Date: <u>9/22/2006</u>
*Bk Signature not req. for Assoc. inactive status or add/delete PA -LLC	
Print Broker/Owner Name: <u>Scott G. Sosso</u>	
Associate Sign Here: _____	Date: _____
*All Associate requested changes require signature	