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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	
(Bu	usiness Entity Name)
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Certified Copies	_ Certificates o	f Status
Snecial Instructions to	Filing Officer:	
	Office Use Only	

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

United Way of North Central Florida
SUBJECT:_____

(Name of Corporation)

DOCUMENT NUMBER: 707160

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

Please return all correspondence concerning this matter to the following:

Rhonda Johnson

(Name of Person)

United Way of North Central Florida

(Name of Firm/Company)

6031 NW 1st Place

(Address)

Gainesville, FL 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Johnson

(Name of Person)

at (<u>352</u>)<u>333-0843</u> (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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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Mona Gil de Gibaja L	President & CEG)		
	; nereny resign as	(Title)		
United Way of North Central Florida				
(Nar	ne of Corporation)		·	'
707160 (Document Number, if known)	, a corporation organized under the laws o	f the State	of	
Florida				
 	(Signature of resigning officer/director)	TALLAHASSEE, FL	2020 SEP 18 PH 5: 09	

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 Tallabassee, Florida 32314