732889

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Ci	n/State/7 in/Dhan	40
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ri	siness Entity Nar	ne)
(50	isiness Linky Ivai	ne <i>)</i>
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



02/20/15--01014--005 **35.00

15 FEB 20 PH 2: 36

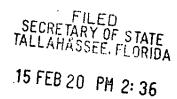
FEB 2 5 2015 T. CARTER

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	JECT:	bell-Lossing Post 53 (Name of Corpor	, Inc., Department of Florida
DOC	CUMENT NUMBER: 732889		
The e	enclosed Officer/Director Resigna	ation for a Corporation	and fee are submitted for filing.
Please	se return all correspondence conce	erning this matter to th	ne following:
Mid	chael Hayes		
-	(Name of Person))	
	(Name of Firm/Comp	pany)	•
883	3 Benchwood Driv	'e	
	(Address)	•	•
Wii	inter Springs, FL 3	32708	
	(City/State and Zip C	Code)	•
For fu	further information concerning thi	s matter, please call:	
Mic	chael Hayes	_{at (} 407	497-9058 e & Daytime Telephone Number)
	(Name of Person)	(Area Cod	& Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made p	payable to the Florida	Department of State.
Amen Divisi P.O. E	endment Section A sion of Corporations I Box 6327 2	Street Address: Amendment Section Division of Corporatio 2661 Executive Center Fallahassee, FL 32301	Circle

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



_{i.} Michael L. Hayes	Sr. Vice-Commander/Director/Offic	Vice-Commander/Director/Officer	
,	(Title)		
T	ell-Lossing Post 53, Inc., Department of Florida	_,	
1)	e of Corporation)		
732889 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida		٠	

FILING FEE IS \$35.00

of resigning officer/director)

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

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