## 753322

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Dodanion Valido)
Certified Copies Certificates of Status
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SECKE FARY OF STATE

Officer Resign Crin Murphy 12/4/07

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CEDALUCCA TRALACA CONGO ASSOC. (Name of Corporation)
DOCUMENT NUMBER: 763322
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:  (Name of Person)
(Name of Firm/Company)
P.O. Box 27-0272
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (94) 779-5055 (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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ANNA ALPHONSO, hereby resign as Treasur	LV tle)		_
of Cedarwood Terrace Condo. Association	'sm."	Inc	<u>⊬</u> ,
	State o	of	
1-lorida			
(Signature of regigning officer/director)	SECRETAR TALLAHASS	07 DEC -6	***************************************
		PM 3: 53	

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

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