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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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C. GOLDEN AUG 2 3 2017

TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations**

HSTOR AREA CHAMBER OF COMMERCE INC. (Name of Corporation) SUBJECT: 756231

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

KICHARA TEATERS (Name of Person)

(Name of Firm/Company)

24451 BONNETT RD (Address)

ASTOR ECORIDA 32102 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (407) 2475166 (Name of Person) (Area Code & Davime 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 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION Eucharit flater 6, hereby resign as PRESIDENT (Title) HREA CHAMBER OF COMMERCE INC. (Name of Corporation) of_ _____, a corporation organized under the laws of the State of (Document Number, if known) FLORIDA 2017 AUG 18 AH 11: 2 FILED E. FLORD ...0 a (Signature of resigning officer/director)

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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