

757304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

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(Business Entity Name)

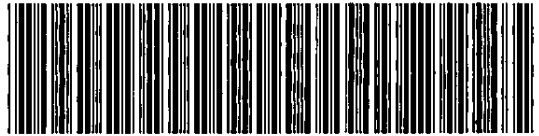
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0725 6/20/10

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Grover Wrenn, hereby resign as Director
(Title)

of Eckerd College Properties, Inc.
(Name of Corporation)

592124132, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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

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