

F2000000 1167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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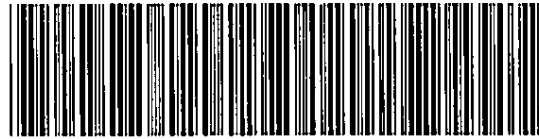
(Business Entity Name)

(Document Number)

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S. YOUNG

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ComUnity, Inc. DBA ComUnity Contact Services, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F20000001107  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Amanda Rakes  
\_\_\_\_\_

(Name of Person)

ComUnity, Inc.  
\_\_\_\_\_

(Name of Firm/Company)

330 Florence St  
\_\_\_\_\_

(Address)

Defiance, OH 43512  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Rakes  
\_\_\_\_\_

(Name of Person)

at (419) 785-7090  
(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

I, David Weisner, hereby resign as Treasurer  
(Title)

ComUnity, Inc. DBA ComUnity Contact Services, Inc.  
of \_\_\_\_\_  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
Ohio \_\_\_\_\_.

  
(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