

N00000002814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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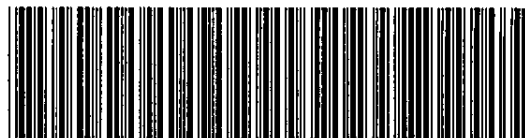
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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2-16-15

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMMOKALEE COMMUNITY DEVELOPMENT CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** N00000002814

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

Please return all correspondence concerning this matter to the following:

**ESTIL NULL**

(Name of Person)

**NULLS NOTARY SERVICES**

(Name of Firm/Company)

**1255 N 15TH STREET, STE 3**

(Address)

**IMMOKALEE, FL 34142**

(City/State and Zip Code)

For further information concerning this matter, please call:

**CARRIE WILLIAMS**

(Name of Person)

at ( **239** ) **707-7137**

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 FEB -9 AM 10:06

I, CARRIE WILLIAMS, hereby resign as PRESIDENT  
(Title)

of IMMOKALEE COMMUNITY DEVELOPMENT CORPORATION,  
(Name of Corporation)

N00000002814, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

**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