

N000000007498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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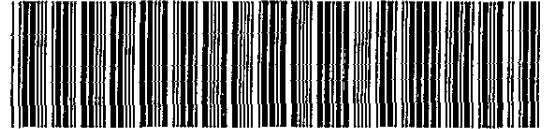
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DOMINICAN SPORTING & CULTURAL ASSOCIATION  
(Name of Corporation) "LOS QUISQUEYA"

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:

CLARISA M RIVAS  
(Name of Person)

SEE ABOVE  
(Name of Firm/Company)

16276 NW 13TH ST  
(Address)

AM BROKE PINES FL 33028  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLARISA RIVAS at (305) 933-6245  
(Name of Person) (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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CLARISA M KIVAS, hereby resign as VICE-PRESIDENT  
(Title)

of DOMINICAN SPORTING & CULTURAL ASSOCIATION ("LOS QUISQUEYANOS")  
(Name of Corporation)

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

FLORIDA

Clarisa M Kivas

(Signature of resigning officer/director)

03 DEC 24 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**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