(Requestor's Name)	
(Address)	00008717
(Address)	000000717
(City/State/Zip/Phone #)	11/08/02-01095-
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	?
Special Instructions to Filing Officer:	
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Office Use Only



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Dhe correct mailing address is below. Please made mecessary changes.

Thank you

P.O. BOX 799 FREEPORT, FL 32439

## OFFICER / DIRECTOR RESIGNATION

I Anomalalaha, hereby resign as resident

of Black Creek Meigh by hood Association.

(Name of Corporation)

a corporation organized under the laws of the State of Florida

Signature of fesigning officer/director)

and affirm that the corporation has been notified in writing of the resignation.

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314