

No 2000004456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500155984315

*Resignation
to officer*

05/19/09--01037--012 **35.00

FILED

2009 MAY 19 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ADR
5/20/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kody Snodgrass Memorial Foundation, Inc
(Name of Corporation)

DOCUMENT NUMBER: N02000004456

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

Please return all correspondence concerning this matter to the following:

Angela Snodgrass
(Name of Person)

Kody Snodgrass Memorial Foundation, Inc
(Name of Firm/Company)

11565 E Gulf to Lake Highway
(Address)

Inverness, FL 34450
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Sullivan at (352) 341-6464
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

FILED
2009 MAY 19 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Susan Sullivan, hereby resign as Board Member
(Title)

of Kody Snodgrass Memorial Foundation, Inc,
(Name of Corporation)

NO2000004456

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

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