

N02 000005077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

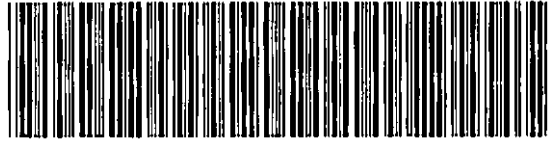
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900381450269

*Resignation of officer*

02/10/22--01019--012 \*\*35.00

2022 FEB 10 AM 10:05  
STATE OF ARIZONA  
DEPT. OF REVENUE

FILED

A. RAMSEY  
FEB 18 2022

*Received permission to add  
to the name of corp*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Broward Alliance For Neighborhood Development (BAND)  
\_\_\_\_\_  
(Name of Corporation)

**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:

Oscar E. Soto

\_\_\_\_\_  
(Name of Person)

The Soto Law Group, P.A.

\_\_\_\_\_  
(Name of Firm/Company)

2400 East Commercial Blvd., Suite 400

\_\_\_\_\_  
(Address)

Fort Lauderdale, Florida 33308

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Oscar E. Soto

954

567-1776

\_\_\_\_\_  
(Name of Person)

at (

\_\_\_\_\_) \_\_\_\_\_  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

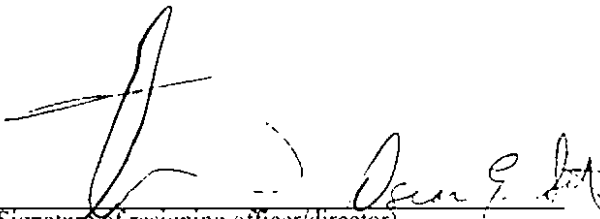
**2022 FEB 10 AM 10:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, Oscar E. Soto, hereby resign as Secretary  
(Title)

of Broward Alliance For Neighborhood Development, Inc.  
(Name of Corporation)

N02000005077, 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