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(Re	questor's Name)				
(,				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)	· —· ·			
Certified Copies	_ Certificates	of Status			
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Special Instructions to	Filing Officer:	-			
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporation	ons	
SUBJI	ECT:	EXCEL COMMUNITY DEVELOPMENT CORP.	· · · · · · · · · · · · · · · · · · ·
		(Name of Corporation)	
DOCU	UMENT NUMBER:	NO3000000534	<u> </u>
The en	closed Officer/Director	Resignation for a Corporation and fee are submitte	d for filing
Please	return all corresponden	ace concerning this matter to the following:	
Ве	tty A. Allen		
	(Name o	of Person)	
	(Name of Fi	irm/Company)	
11	2 Escalona Avenue		
		dress)	
Рe	ensacola, FL 32503		
	(City/State a	and Zip Code)	_
For fu	rther information conce	rning this matter, please call:	
Be	etty A. Allen (Name of Perso	at (<u>850) 436-5655</u> on) (Area Code & Daytime Telephone	e Number)
Enclos	sed is a check for \$35.00	0 made payable to the Florida Department of State.	
Ameno Divisio P.O. B	ng Address: dment Section on of Corporations ox 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaînes Street Tallahassee, FL 32399	-

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Betty	Α.	Allen	<u> </u>	پر آھي. جي جو	, hereby resign as_	Director	TALLAH	O4 SEP	
	,,		_					(Title)	-2	i
of	EXCEL	COM	MUNITY	DEVELOPMENT	CORP.		<i>;</i>	EE, F	P	
-			·········	(Name o	f Corporatio	n)			_ 	' L
	и03000			—; <u> </u>	, a corpor	ation organized und	ler the laws of	台灣 (the State of	38	
	(Doc	ume	nt Number,	if known)						
	Florid	la					_			

(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