

1103000000227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

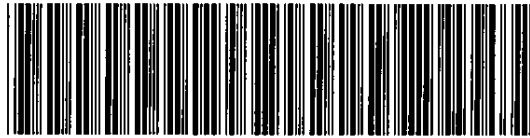
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000074878040

05/22/06--01022--020 **35.00

FILED

06 MAY 22 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

qrb
Ref

Sh

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S.O.L. Childrens Foundation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO3000000727

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

Please return all correspondence concerning this matter to the following:

ANA M. VELIZ

(Name of Person)

(Name of Firm/Company)

815 Ponce de Leon Blvd #304
(Address)

Coral Gables, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

ANA M. VELIZ

(Name of Person)

at (305) 446-7200

(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

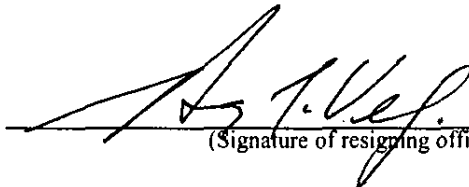
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANA M. VELIZ, hereby resign as Director
(Title)

of S. O. C. Echildrens Foundation, Inc.
(Name of Corporation)

N03000000727, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
06 MAY 22 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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