(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500106462015

08/21/07--01018--018 **35.00

CLAHASSEE, FLORIDA

OLAHASSEE, FLORIDA

OLAHASSEE, FLORIDA

COVER LETTER

Jupiter Farms Community Emergency Response Team, Inc. (Name of Corporation) N 03000007759 **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: Andrea Kola (Name of Person) (Name of Firm/Company) 16183 127th Drive N. (Address) Jupiter, FL 33478 (City/State and Zip Code) For further information concerning this matter, please call: Andrea Kola (Area Code & Daytime Telephone Number) (Name of Person)

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

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

TO:

Amendment Section Division of Corporations OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

SECRETARY OF STATE
ORIDINATION

ALLAHASSEE, FLORIDIA
TATALORIDA and an

I, Andrea Kola	hereby resign as Secretary/Director and any/a LL Position (Title)
01	mmunity Response Team, Inc.
N0300007759 (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