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## TRANSMITTAL LETTER

SUBJECT: New Vision Child Academy, Inc. (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:
Rhonda MacDonald (Name of Person)
New Vision Child Academy, Inc.
1991 Banyan Creek Circle Dorth
Bounton Beach 7L 33436 (City/State and Zip Code)
For further information concerning this matter, please call:
Rhonda MacDonald at (561) 714-3812 (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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of New Vision Child Academy, Inc., (Name of Corporation)

A condense 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