N04000003973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ *Certificates of Status* _____

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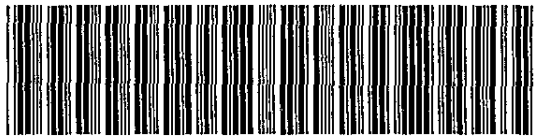

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TALLAHASSEE, FLORIDA

Off. Resign

Q. Castillo NOV 16 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DELRAY BEACH INSTITUTE FOR COMMUNITY INNOVATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N04000003973

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

Please return all correspondence concerning this matter to the following:

JEFF PERLMAN
(Name of Person)

DELRAY BEACH INSTITUTE FOR COMMUNITY INNOVATION, INC.
(Name of Firm/Company)

971 DELRAY LAKES DRIVE
(Address)

DELRAY BEACH, FL 33444
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFF PERLMAN at (561) 706-6165
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, MICHAEL WEINER, hereby resign as DIRECTOR
(Title)

of DELRAY BEACH INSTITUTE FOR COMMUNITY INNOVATION INC.
(Name of Corporation)

N04000003973, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

(Signature of resigning officer/director)

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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