

NID40000010172

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Colombian Association of North Florida, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N04000010172

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

Please return all correspondence concerning this matter to the following:

Lisha Lopez

(Name of Person)

(Name of Firm/Company)

2944 Fruitwood Lane

(Address)

Jacksonville, FL 32277

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisha Lopez

(Name of Person)

at ( 904 ) 520-3793

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Lisha Lopez, hereby resign as Secretary Director  
(Title)

of Colombian Association of North Florida, Inc.  
(Name of Corporation)

N04000010172, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Lisha Lopez  
(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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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