

NOS000005805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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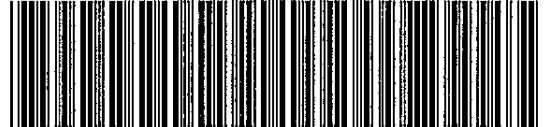
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BROWARD BLACK ELECTED OFFICIALS INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** ? 400055169644 ? on N0500000 5805

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

Please return all correspondence concerning this matter to the following:

ASHIRA MOHAMMED

(Name of Person)

TOWN OF PEMBROKE PARK

(Name of Firm/Company)

3150 SW 52ND AVENUE

(Address)

PEMBROKE PARK, FL 33023

(City/State and Zip Code)

For further information concerning this matter, please call:

ASHIRA MOHAMMED

(Name of Person)

at ( 954 ) 966-4600 X 1228  
(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**

**FILED**

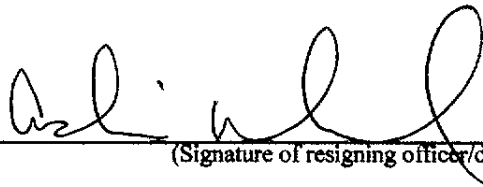
05 OCT -4 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ASHIRA MOHAMMED, hereby resign as DIRECTOR  
(Title)

of BROWARD BLACK ELECTED OFFICIALS INC.  
(Name of Corporation)

N05000005805  
(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