NOS000008554

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/Si	ate/Zip/Phone #/)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
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\$35.00 **35.00 منطقية المنطقية المنطقي

M/DW Lesign

TALLAHASSEE, FLORIDA

m. a-12-12

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJE	ECT: TAMPA BAY SOCCER ALLIANCE INC	
00202	(Name of Corporation)	
DOCU	MENT NUMBER: N05000008554	
The end	closed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
DAVI	D DUDASH	
	(Name of Person)	
	(Name of Firm/Company)	
7417	OAK VISTA CIRCLE	
	. (Address)	
TAMF	PA FL 33634	
	(City/State and Zip Code)	
For fur	ther information concerning this matter, please call:	
PAUL	VAN STEENBERGEN at (813) 727 3759 (Name of Person) (Area Code & Daytime Telephone Number)	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.	
Amend Divisio Clifton 2661 Ex	Address: Iment Section on of Corporations Building xecutive Center Circle Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

OFFICER / DIRECTOR RESIGNATION

FILED
FOR A CORPORATION

IN DATE | PM 12: 10

IN DATE | PM 12

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