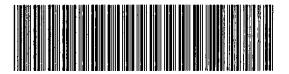
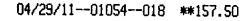


(Red	questor's Name)	1	
(Address)			
(Add	lress)		
(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
		į	





000205224700





HF.



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Miami Florida University, Inc
(Name of Corporation)
DOCUMENT NUMBER: N06000002238
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Yvonne Silva
(Name of Person)
Progresive Training Centers, Inc
(Name of Firm/Company)
98 E. McNab Rd., Ste. 98
(Address)
Pompano Beach, FL. 33060
(City/State and Zip Code)
For further information concerning this matter, please call:
Yvonne Silva at (954) 946-2022 (Name of Person) at (Area Code & Daytime Telephone Number)
(Name of Person) (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
A CHAIN CHAIN CONTRACTOR OF THE CONTRACTOR OF TH

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Yvonne Silva	, hereby resign as DVC	, hereby resign as DVC	
· · · · · · · · · · · · · · · · · · ·	, , ,	(Title)	
of_ Miami Florida University		,	
	(Name of Corporation)		
N06000002238	, a corporation organized under the	e laws of the State of	
(Document Number, if known)		
Florida	·		
		# S 20	
		2011 APR 29	
//	1.,	9	
Jus	ree Silva	PA PA	
(/	(Signature of resigning officer/director)	· · · · · · · · · · · · · · · · · · ·	
		2	

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