89840000000

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State / Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700128625157

05/12/08--01019--015 **35.00



SA SA

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Clewiston Comm	unity Tennis Association, Inc.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: N	06000004898
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Marcus T. Allen	
(Name of F	Person)
	7,20
(Name of Firm	(Company)
225 Via Del Aqua	
(Addre	ss)
Clewiston FL 33440	
(City/State and	Zip Code)
For further information concerni	ng this matter, please call:
Marcus Allen	at (863) 599-2595 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	nade 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

Marcus T. Allen	, hereby resign as Director	
,	(Title)	
of Clewiston Community Tennis	•	
(Nan	ne of Corporation)	
NO6 000004898 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	•	
MI	(Signature of resigning officer/director)	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314