

N06000006989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

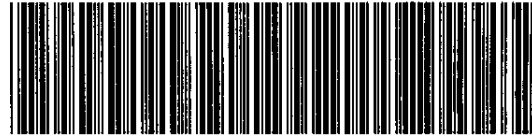
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



100267541751

12/23/14--01010--018 **35.00

FILED
14 DEC 23 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

old Resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Devils Garden Drainage Assoc. Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO6000006989

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

Please return all correspondence concerning this matter to the following:

Dianne Z. Streid
(Name of Person)

(Name of Firm/Company)

2905 Giverny Circle
(Address)

TAL. FL. 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Dianne Z. Streid at (850) 567-2665
(Name of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
14 DEC 23 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FL

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Dianne Z. Streid, hereby resign as Secretary/Treasurer
(Title)
of Devils Garden Drainage Assoc. INC.
(Name of Corporation)

N06000006989, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Dianne Z. Streid
(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

FILED
14 DEC 23 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA