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| (Re | equestor's Name) | , |
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| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phon | e #) |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

FLORIDA TRANSLATORS&INTERPRETERS ASSOCIATION INC (Name of Corporation) N06000008114 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Vyner (Name of Person) (Name of Firm/Company) 400 Diplomat Pkwy Apt414 (Address) Hallandale FL 33009 (City/State and Zip Code) For further information concerning this matter, please call: **David Vyner** (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address:** Mailing Address:

Amendment Section

Division of Corporations Post Office Box 6327

Tallahassee, FL 32314

Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

TO:

Amendment Section
Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| L Batsheva Vyner | , hereby resign as President | | |
|--|--|-----------|--|
| | (Title) | | |
| of_ FLORIDA TRANSLATORS A | ND INTERPRETERS ASSOCIATION INC | _ | |
| (Name | e of Corporation) | / | |
| N06000008114 (Document Number, if known) | , a corporation organized under the laws of the State of | | |
| Florida | | <u>-</u> | |
| | | 10 MAR 18 | |
| | | PK 17: 23 | |

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