N0700002uss

(Requ	estor's Name)			
(Address)				
(Addre	ess)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



500186645785

500186645785 10/15/10--01030--012 **35.00

10 OCT 15 AM 9: 49

0) 18/10

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NORTHWEST BR	OWARD RAIDERS INC
	(Name of Corporation)
DOCUMENT NUMBER:NO	7000002688
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence c	oncerning this matter to the following:
ANGELA DELGADO	
(Name of Pe	rson)
QTA ASSOCIATES INC	
(Name of Firm/C	Company)
665 SE 10TH ST SUITE # 201	1
(Address)
DEERFIELD BEACH FL 3344	1
(City/State and 2	Cip Code)
For further information concerning	g this matter, please call:
ANGELA DELGADO CPA	at (954) 571-4090 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
Street Address: Amendment Section	Mailing Address: Amendment Section
Division of Corporations	Division of Corporations Post Office Box 6327
Division of Corporations Clifton Building 2661 Executive Center Circle	Post Office Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. TIMOTHY CELESTI	hereby resign	as_TREASURER	
		(Title)	
of_NORTHWEST BROWARD RA			
(Name o	of Corporation)		
N0700002888 (Document Number, if known)	_, a corporation organized	under the laws of the State of	
FLORIDA			
	_*		
N Z (S	gnature of resigning officer/d	rector)	
		·	₹.,,
			10 OCT 15
			5 SS
)F)	ILING FEE IS \$35.00		3 mg
Make checks payable t	o Florida Department o	f State and mail to:	9: 49
en. T	Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314	Clease send m	
Rim all	•	Send m	l
Juni acc		twosepana	+0
Me.		100 Separa	ے کر
7,0		checks Fer	
		\$35~	lale
		ou Ch pu	yabe
		to Dept of S	tate
		TO DOP! "	