

NO7000005423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

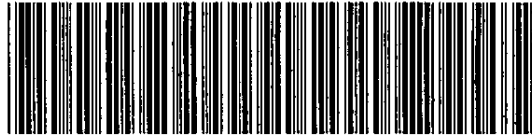
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 11 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CDLCENTERS ESE PROGRAMS PLUS, INC.
(Name of Corporation)

DOCUMENT NUMBER: N07000005423

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

Please return all correspondence concerning this matter to the following:

Maribel Tamargo

(Name of Person)

CDLCENTERS ESE PROGRAMS PLUS, INC.

(Name of Firm/Company)

411 NE 53 STREET

(Address)

MIAMI, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIBEL TAMARGO

(Name of Person)

at (305) 215-4774

(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

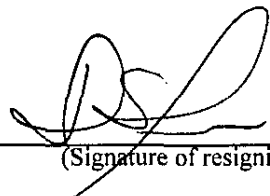
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DIVINA NAGER, hereby resign as DIRECTOR
(Title)

of CDLCENTERS ESE PROGRAMS PLUS, INC.
(Name of Corporation)

N07000005423, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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2008 AUG -4 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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