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COVER LETTER

SUBJECT: FLORIDA ASSOCIATION OF CAMPUS SAFETY & SECURITY ADMINISTRATORS, INC. (FACSSA)

(Name of Corporation)

DOCUMENT NUMBER: N07000009480

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

Please return all correspondence concerning this matter to the following:

Lorene Seeler Young, Esquire

(Name of Person)

Lorene Seeler Young, P.A.

(Name of Firm/Company)

6570 Griffin Road, Suite 102

(Address)

Lorene Seeler Young 954 585-3967

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) (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

Davie, Florida 33314-4391

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section
Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, STANLEY A. YOUNG	, hereby resign as	Vice-President/Director (Title)	
of FLORIDA ASSOCIATION OF CAMPUS (Name of Company)	S SAFETY & SECURITY A	ADMINISTRATORS. I	NC. (FACSSA)
N0700009480	a corporation organized un	der the laws of the Sta	- (A
(Document Number, if known)	, ,		
Florida		•	29 PH 1 ASSEF, FI
) Source	/ (as)	: 34 STATE LORIDA
(S)gr	nature of resigning officer direc	tor)	

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