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TO: Amendment Section Division of Corporations
SUBJECT: COMOGE OF CONTACTS (Name of Corporation)
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:
KARL E HICKS (Name of Person)
DEEP CREEK CIVIC ASSOCIATION
339 (Name of Firm/Company)
(City/State and Zip Code) (Address) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 407-5900 (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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Amendment Section Division of Corporations P.O. Box 6327 Lallahassee, Florida 32374