

1)080000008446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

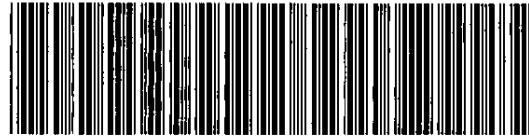
(Document Number)

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Special Instructions to Filing Officer:

8

Office Use Only



500187483485

*Resignation  
to Officer*

11/08/10--01031--010 \*\*35.00

FILED  
2010 NOV -8 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*11/12/10*

Resignation of Officer for Adult Housing Assistance Program, Inc

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please kindly remove me from this not-for-profit. I have never gave anyone authorization to  
put me down as an officer for this not-for-profit known as Adult Housing Assistance  
Program, Inc.

Thank you

*Monr Gomez*