N08000002446

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	<u></u>
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MAY 0 7 2018 I ALBRITTON



April 18, 2018

CHANTELL RODRIGUEZ CHEVALIER BROWN 71 SEA STREET NEW HAVEN, CT 06519

SUBJECT: ADULT HOUSING ASISTANCE PROGRAM, INC

Ref. Number: N08000002446

We have received your document for ADULT HOUSING ASISTANCE PROGRAM, INC and your check(s) totaling \$40.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list and sign the document to reflect the name on file with our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 218A00007911

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Adult housing assistance Program Inco (Name of Corporation)
DOCUMENT NUMBER: NO8000002446
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Chantell Brown (Name of Person)
Adult housing Assistance Pengram (Name of Firm/Company)
221 Rose Street (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (239) \$39-4355 (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
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Charlell Brown, hereby resign as V.P.	(Title)	-
of Adulthousing assistance Program, Inc	<u>. </u>	
N 0 8 0 0 0 0 0 2446 .a corporation organized under the laws o (Document Number, if known)	f the State of	
Florida		
Chanles Byown (Signature of resigning officer/director)	2010114	المراجع المراجع المراجع المراجع
FILING FEE IS \$35.00	7 FH 5: 85	Annual State of State

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314