

N08000004129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

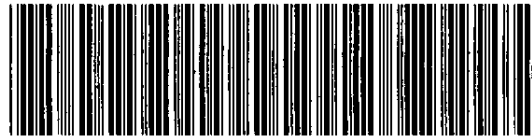
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

20/9/08
D/O

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONSERVATIVE REPUBLICAN ALLIANCE INC
(Name of Corporation)

DOCUMENT NUMBER: N08000004129

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

Please return all correspondence concerning this matter to the following:

APRIL PEACH CONDRON

(Name of Person)

CAPE COD MGMT SVC INC

(Name of Firm/Company)

314 NE 27TH STREET

(Address)

WILTON MANORS FL 33334-2020

(City/State and Zip Code)

For further information concerning this matter, please call:

APRIL PEACH CONDRON

(Name of Person)

at (954) 630-8300

(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, PATRICK CASTRONOVO, hereby resign as DIRECTOR
(Title)

of CONSERVATIVE REPUBLICAN ALLIANCE INC
(Name of Corporation)

N08000004129, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director) 8/29/08

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

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TALLAHASSEE, FLORIDA