

N080000010907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Autism Hope Alliance, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N08000010907  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

David A. Holmes  
\_\_\_\_\_

(Name of Person)

Farr Law Firm  
\_\_\_\_\_

(Name of Firm/Company)

99 Nesbit Street, Punta Gorda, FL 33950  
\_\_\_\_\_

(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

David A. Holmes, Esquire  
\_\_\_\_\_

(Name of Person)

at ( 941 ) 639-1158

(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

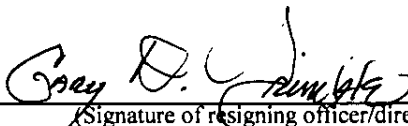
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Gary D. Trimble, hereby resign as a Director  
(Title)

of Autism Hope Alliance, Inc.  
(Name of Corporation)

N08000010907, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 28 PM 12:50

**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