

NO 8000011382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

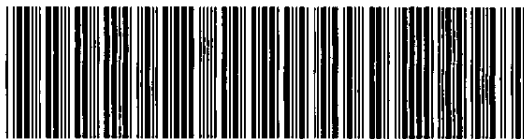
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE BALLROOM ON NOVA ROAD, INC.
(Name of Corporation)

DOCUMENT NUMBER: NO 800001282

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

Please return all correspondence concerning this matter to the following:

ELAINE SIPE
(Name of Person)

(Name of Firm/Company)

3567 JOHN ANDERSON DR.
(Address)

ORMOND BEACH, FL 32176
(City/State and Zip Code)

For further information concerning this matter, please call:

ELAINE SIPE at (386) 441-3981
(Name of Person) (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, ELAINE SIPE, hereby resign as PRESIDENT
(Title)

of THE BALLROOM ON NOVA ROAD, INC.
(Name of Corporation)

NO8000011282, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Elaine Sipe
(Signature of resigning officer/director)

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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