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(Re	questor's Name)	
(Ad	dress)	
(,	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT WAIT ■ WAIT	MAIL
		
(Bu	siness Entity Name)	; ;
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· (Do	cument Number)	
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Certified Copies	Certificates of	Statue
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Special Instructions to	Filing Officer:	,
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Office Use Only



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SECRETARY OF STATE

off. Resign.

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AUG 1 1 2009

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Florida Community Alliance, Inc (Name of Corporation) DOCUMENT NUMBER: NO90000 11386
DOCUMENT NUMBER: 109000 11344
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Diana Cleveland (Name of Person)
Florida Community Alliance Inc (Name of Firm/Company)
17851 Bridle Ln (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (S61) 262-7951 (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, _	Diona Cleveland, hereby resign as Assistant Excutive Directo	<u></u>
of_	Florida Community Alliance, Inc.,	
	NOBOOO11386, a corporation organized under the laws of the State of (Document Number, if known)	
	Florida PECARIT	
	AHASS -6	
	Diona Cleuland (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