## N0900003590

(Requestor's Name)				
(Address)				
<b>,</b> . ,				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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OTVISION OF CORPORATION

C.COULLIETTE

JAN 1 0 2014

**EXAMINER** 

## **COVER LETTER**

SUBJECT: IMANI ELEMEN	NTARY CHARTER ACADEMY, INC (Name of Corporation)
DOCUMENT NUMBER:	
	Resignation for a Corporation and fee are submitted for filing
Please return all corresponden	ce concerning this matter to the following:
DR. KEITH DALY (Name o	f Person)
IMANI ELEMENTARY CHA	ARTER ACADEMY, INC
(Name of Fir	m/Company)
1257 REAGAN'S RESERV	E BLVD
(Add	lress)
APOPKA, FLORIDA 32712	
(City/State a	nd Zip Code)
For further information concer	ning this matter, please call:
DR. KEITH DALY	at ( 321 ) 438-1864
(Name of Person	at (321) 438-1864 (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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DR. KEITH DALY	, hereby resign as	Board Member
		(Title)
of IMANI ELEMENTARY CHAR		
(Nam	e of Corporation)	
N0900003590 (Document Number, if known)	, a corporation organized under t	he laws of the State of
FLORIDA		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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

