

NO9000004781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

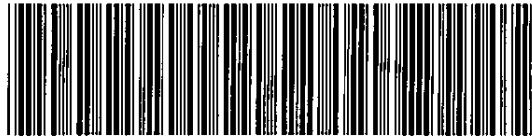
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TALLAHASSEE, FLORIDA

09 SEP - 1 AM 11:49

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C. Coulliette
C.COULLIETTE

SEP 04 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Central Florida 912 Project, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N09000004781

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

Please return all correspondence concerning this matter to the following:

Barry M Fitterman

(Name of Person)

Accredited Accounting & Tax Services, Inc.

(Name of Firm/Company)

P O Box 548

(Address)

Lake City, Florida 32056-0548

(City/State and Zip Code)

For further information concerning this matter, please call:

Barry M Fitterman

(Name of Person)

at (386) 487-0289

(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, Barry M. Fitterman, hereby resign as Director/Co-Treasurer
(Title)

of North Central Florida 912 Project, Inc.
(Name of Corporation)

N09000004781, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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