

NO9000005925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

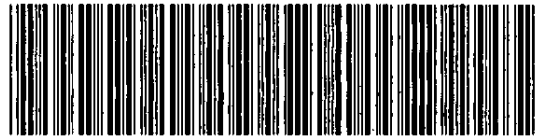
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09 OCT - 7 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*C. Coulliette*  
C.COULLIETTE

OCT 09 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SPECIAL NEEDS INDIVIDUALS ALLIANCE, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** N09000005925

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

Please return all correspondence concerning this matter to the following:

MARTA M. MEMBIELA

(Name of Person)

(Name of Firm/Company)

6828 S.W. 114 AVENUE

(Address)

MIAMI, FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTA M. MEMBIELA

(Name of Person)

at ( 305 ) 270-9796

(Area Code & Daytime Telephone Number)

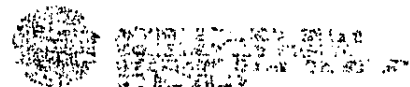
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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, MARTA M. MEMBIELA, hereby resign as DIRECTOR  
(Title)

of SPECIAL NEEDES INDIVIDUALS ALLIANCE, INC.  
(Name of Corporation)

N0900005925, 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**

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

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

**FILED**  
**09 OCT -7 PM 12:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**