

NO9000005925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

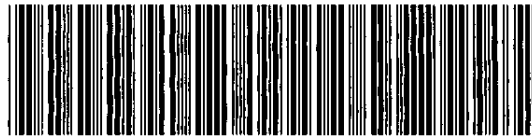
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2010 FEB -2 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

FEB - 3 2010

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:

(Name of Person)

SPECIAL NEEDS INDIVIDUALS ALLIANCE INC

(Name of Firm/Company)

P O BOX 350205

(Address)

MIAMI, FLORIDA 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREA RODRIGUEZ

(Name of Person)

at (305) 790-0295

(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**

FILED
2010 FEB -2 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ANDREA RODRIGUEZ, hereby resign as VICEPRESIDENT / Dir.
(Title)

of SPECIAL NEEDS INDIVIDUALS ALLIANCE, INC
(Name of Corporation)

N09000005925, 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