

ND9000008091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

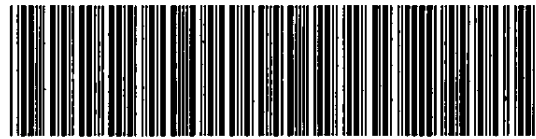
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C. Coulliette

C.COULLIETTE

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cuda Volleyball Booster Club Inc.
(Name of Corporation)

DOCUMENT NUMBER: N 09000008091

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

Please return all correspondence concerning this matter to the following:

Cindy Knight
(Name of Person)

Cuda Volleyball Inc
(Name of Firm/Company)

4575 Acorn Way
(Address)

Edgewater Fl 32141
(City/State and Zip Code)

For further information concerning this matter, please call:

CINDY KNIGHT at (386) 847-6211
(Name of Person) (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

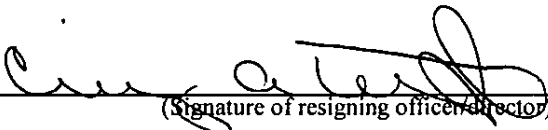
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CINDY KNIGHT, hereby resign as Resident
(Title)

of CUDA Volleyball Booster Club Inc.
(Name of Corporation)

NO9000008091, 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

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