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COVER LETTER

Division of Corporations
SUBJECT: Spirit of Mothe Treasure Coast, Inc (Name of Corporation)
DOCUMENT NUMBER: NO900010569
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shana Jone S (Name of Person)
(Name of Firm/Company)

For further information concerning this matter, please call:

Port St Lucia, FL. 34986 (City/State and Zip Code)

Shame of Person) at (772) 359-7893 (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

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>S</u> \	Danne	<u> 200</u>	<u>c5</u>	, hereby resig	gn as <u></u>	acret	(Title)		
of	brit.	OF V	ne of Corporation	on)	Trag	<u> </u>	Coat	Ţ	<u>ت</u> ار
N090		5(09		ration organiz			منت.		10000
		<u> </u>	(Signature of i	esigning 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