

N10000001543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

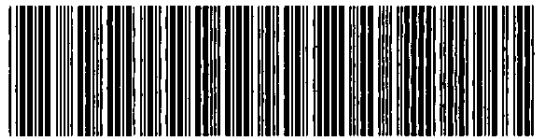
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D
Resign.

D. CONNELL APR 16 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tallahassee-Haiti Medical Team Inc.

(Name of Corporation)

DOCUMENT NUMBER: N10000001543

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

Please return all correspondence concerning this matter to the following:

Benjamin F. Williams

(Name of Person)

(Name of Firm/Company)

352 Surf Road

(Address)

Sopchoppy, Florida 32358

(City/State and Zip Code)

For further information concerning this matter, please call:

Benjamin Williams

at (850) 566-4238

(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, Benjamin F. Williams, hereby resign as Director
(Title)

of Tallahassee-Haiti Medical Team Inc.
(Name of Corporation)

N10000001543, 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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