

N10000009023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

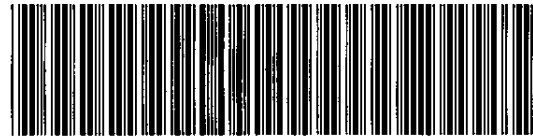
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700185249117

700185249117
11/05/10--01035-100

Mr/ew

FILED
NOV 5 5 PM 12:35
CLERK
STATE OF CALIFORNIA
SACRAMENTO

Roberts NOV 08 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EBA For Autism Inc.
(Name of Corporation)

DOCUMENT NUMBER: N10000009023

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

Please return all correspondence concerning this matter to the following:

Shari Carallo
(Name of Person)

(Name of Firm/Company)

2500 Regatta Dr
(Address)

Sarasota FL 34231
(City/State and Zip Code)

For further information concerning this matter, please call:

Shari Carallo at (941) 780-6833
(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**

FILED
10 NOV -5 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Shari Carallo, hereby resign as VP
(Title)

of EBA For Autism Inc.
(Name of Corporation)

N10000009023, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Shari Carallo
(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