

N100000004857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

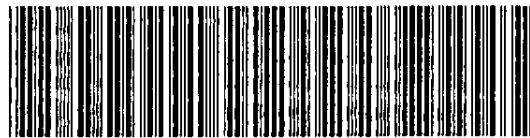
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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OD/Res
@ 5/11/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Domestic Abuse Awareness Network / Child
abuse awareness Network
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Lisa Davis
(Name of Person)

Domestic Abuse Awareness Network / Child abuse awareness Network
(Name of Firm/Company)

2430 Deer Creek Country Club Blvd. apt 510
(Address)

Deerfield Beach, FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Davis at 954.725.9097
(Name of Person) (Area Code & Daytime Telephone Number)

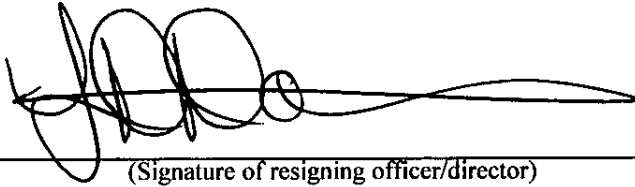
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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, Lisa Davis, hereby resign as Director
(Title)
of Domestic Abuse Awareness Network /
CHHS abuse awareness network
(Name of Corporation)
_____, 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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DIVISION OF CORPORATIONS
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