## N110000004890

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400277035584

09/18/15--01011--008 \*\*35.00



SEP 2 2 2015 C McNAIR

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT. EXCELLENCE IN EDUCATION INITIATIVE, INC.

(Name of Corporation)

DOCUMENT NUMBER: N11000004890

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

Please return all correspondence concerning this matter to the following:

KHALED ODEH

(Name of Person)

EXCELLENCE IN EDUCATION INITIATIVE, INC.

(Name of Firm/Company)

10239 CYPRESS TRAIL DRIVE

(Address)

ORLANDO FL 32825

(City/State and Zip Code)

For further information concerning this matter, please call:

KHALED ODEH

, 407 432-2403

(Name of Person)

(Area Code & Daytime Telephone Number)

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

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, KHALED ODEH	, hereby resign as TD	(Title)	_
01	EDUCATION INITIATION OF Corporation	, ,	.,
N11000004890 (Document Number, if known)	_, a corporation organized under the law	s of the State of	
FLORIDA	_•		
Ki	ignature of resigning officer/director)	AM 10: 05	

## 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