NII 00000 6347

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

Office Use Only



400241216634

11/01/12--01009--018 **35.00

TELLED

12 NOV -1 ANTI: 22

SECRELARISE FLORIDA

S. HAWKES

NOV - 2012

EXAMINER

TRANSMITTAL LETTER

SUBJECT: Port Orange Flames Youth Basketball Assoc., Inc.
(Name of Corporation) DOCUMENT NUMBER: N11000006347
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Aime L. Bischoff
(Name of Person)
(Name of Firm/Company)
1443 Tammany Way (Address)
Port Orange, Fla. 32129
(City/State and Zip Code)
For further information concerning this matter, please call:
Aime L. Bischoff 386 316-1731
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	TO THE STATE OF TH		
լ _, Aime L. Bischoff	, hereby resign as Treasurer		
	(Title)		
Port Orange Flames Youth Basketball Assoc., Inc.			
•	ne of Corporation)		
N11000006347	, a corporation organized under the laws of the State of		
(Document Number, if known)			
Florida			

(Signature of resigning officer/director)

10-31-12

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