

N11000006901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

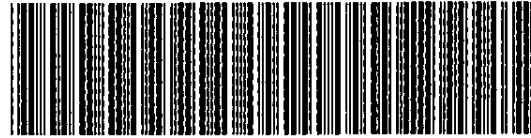
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400215320524

12/27/11--01039--025 **35.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

19 DEC 27 PM 4:36

FILED

*Off Resign
Thurs
12-29-11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alzheimers Disease Alliance Foundation Inc.
(Name of Corporation)

DOCUMENT NUMBER: N11000006901

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

Please return all correspondence concerning this matter to the following:

Cindaleah Kovars

(Name of Person)

C K C Enterprises

(Name of Firm/Company)

P. O. Box 8110

(Address)

Sebring, Fl 33872

(City/State and Zip Code)

For further information concerning this matter, please call:

Cindaleah Kovars

(Name of Person)

at (863-) 414-8280

(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
17 DEC 27 PM 4:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Cindaleah Kovars, hereby resign as CFO
(Title)

of Alzheimers Disease Alliance Foundation, Inc.
(Name of Corporation)

N11000006901, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Cindaleah Kovars

(Signature of resigning officer/director)

12-19-11

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