

N11000007420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

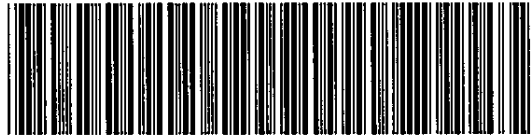
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Treasure Coast Swat, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N11000007420

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

Please return all correspondence concerning this matter to the following:

Anthony Musso  
(Name of Person)

Treasure Coast Swat, Inc.  
(Name of Firm/Company)

344 SW EGRET LANDING  
(Address)

PORT SAINT LUCIE, FLORIDA 34953  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Musso at ( 561 ) 222-1811  
(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

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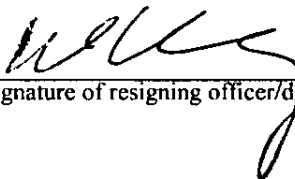
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, William Vega, hereby resign as President  
(Title)

of Treasure Coast Swat, Inc.  
(Name of Corporation)

N11000007420, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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SECRETARY  
TALLAHASSEE

**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