N11000010095

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C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SOUND OF SILENCE KISSIMMEE AUTISM INITIATIVE, INC

(Name of Corporation)

DOCUMENT NUMBER: N11000010095

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

Please return all correspondence concerning this matter to the following:

ADA SEPULVEDA

(Name of Person)

SOUND OF SILENCE KISSIMMEE AUTISM INITIATIVE, INC

(Name of Firm/Company)

4 STIRRUP CT

(Address)

KISSIMMEE, FL 34743

(City/State and Zip Code)

For further information concerning this matter, please call:

ADA SEPUI VEDA

_{...}646 \373-9610

(Name of Person)

(Area Code & Daytime Telephone Number)

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

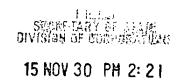
Mailing Address:

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



L MARGARITA SO	TO	hereby resign as DIRECTOR
		(Title)
of SOUND OF SILENCE KISSIMMEE AUTISM INITIATIVE, INC.		
(Name of Corporation)		
N11000010095	, a corpora	ation organized under the laws of the State of
(Document Number, if known)	-	_
FLORIDA		

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