

N11000010095

(Requestor's Name)

(Address)

(Address)

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DIVISION OF CORPORATIONS
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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 SEPULVEDA

(Name of Person)

at (**646**) **373-9610**

(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 NOV 30 PM 2:21

I, MARGARITA SOTO, hereby resign as DIRECTOR
(Title)

of SOUND OF SILENCE KISSIMMEE AUTISM INITIATIVE, INC.
(Name of Corporation)

N11000010095, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Margarita Soto
(Signature of resigning officer/director)

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