

(Requestor's Name) GERALDINE SAINTVILLE 517 MAXEY AVE Winter Garden FL 34787 (Address)	600313024946
(City/State/Zip/Phone #)	05/07/1801032024 **35.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	NVISION OF CORPORATIONS
Office Use Only	010 Risignation

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TO:	Ameno Divisio													

#### UNITED CIRCLE FOUNDATION INC. **SUBJECT:**

(Name of Corporation)

# DOCUMENT NUMBER: N11000010527

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

## **Geraldine Saintville**

(Name of Person)

07 758-1432 Area Code & Daytime Telephone Number) at (

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

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I, Geraldine Saintville	, hereby resign as(Title)	
01	OUNDATION INC.	
N11000010527	f Corporation)	
Florida		
Julou	gnature of resigning officer/difector)	FILED SECRETARY OF ORP. OF CORP.
FI		PORATIONS
Make checks payable to	o Florida Department of State and mail to:	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314