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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
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DEC 23 2013 T. CARTER

TRANSMITTAL LETTER

SUBJECT: 1 Success Adadenies of Southwest Florida (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vette L. Coursey (Name of Person)
(Name of Person)
(Name of Firm/Company)
P.O. Bax 3823 (Address)
(Hadrood)
West PAIM BEACK, FL 33402 (City/State and Zip Code)
For further information concerning this matter, please call:
Veffe L. Coursey at (56) 602-7/17 (Name of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILEC SECRETARY OF STATE TALLA MASSET ORIDA

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1, Ivette L. Coursey	, hereby resign as DiRector (Title)
,	· ·
of 1 Success Academies of (Name of Corporation)	
(Document Number, if known) Horida	ation organized under the laws of the State of
TLORIGH	

FILING FEE IS \$35.00

(Signature of resigning offices/director)

Make checks payable to Florida Department of State and mail to:

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