

N120000003945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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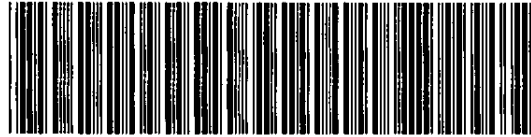
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: CONCERNED HAITIAN-AMERICANS FOR A STRONGER COMMU
(Name of Corporation)

DOCUMENT NUMBER: N12000003945

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

Please return all correspondence concerning this matter to the following:

SARNIA MICHEL

(Name of Person)

N/A

(Name of Firm/Company)

990 BLUEWOOD TERRACE

(Address)

WESTON FLORIDA 33327

(City/State and Zip Code)

For further information concerning this matter, please call:

SARNIA MICHEL

(Name of Person)

at (305) 731-2007

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SARNIA ^{Michel} MIHEL, hereby resign as SECRETARY
(Title)

of CONCERNED HAITIAN-AMERICANS FOR A STRONGER COMMUNITY, INC.
(Name of Corporation)

N12000003945, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Sarnia Michel
(Signature of resigning officer/director)

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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