

N 13000001749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

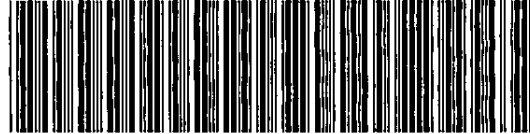
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900280087549

01/26/16--01006--018 **35.00

2016 JAN 26 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JAN 27 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cypress Bay Lightning Lacrosse Booster Club Inc
(Name of Corporation)

DOCUMENT NUMBER: ~~A1300001749~~ N13000001749

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA SLODA
(Name of Person)

Cypress Bay Lightning Lacrosse Booster Club Inc.
(Name of Firm/Company)

786 Regal Cove Rd.
(Address)

Gresham FL 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Sloda at (954) 854-2482
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cypress Bay Lightning Lacrosse Booster Club, Inc
(Name of Corporation)

DOCUMENT NUMBER: N13000001749

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

Please return all correspondence concerning this matter to the following:

BARBARA Sloboda
(Name of Person)

(Name of Firm/Company)

786 Regal Court Rd
(Address)

WESTON, FL 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA Sloboda at (954) 854-2482
(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**

I, Gayle M Swinerton, hereby resign as Director/President/
Vice President/Secretary/Treasurer
of Cypress Bay Lightning Lacrosse Booster Club, Inc
(Name of Corporation)

N13000001749, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Gayle M Swinerton
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 26 PM 5:24

FILED

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