

(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:			





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10/05/18--01016--025 ++35.00

S TALLF" OCT 18 2018



MD-Rasign

## TRANSMITTAL LETTER

TO: Amendmer Division of	t Section Corporations	
		mUNITY RADIO CORP
DOCUMENT NU	MBER: N/300000 9	765
The enclosed Office	er/Director Resignation for a Corporation	on and fee are submitted for filing.
Please return all co	rrespondence concerning this matter to t	the following:
WICKIE	(Name of Person)	7/27
	(Name of Firm/Company)	_
Z30 50	(Address)	_
	(Address)	
KCY B	(Stayne Fe 33/ (City/State and Zip Code)	49 -
	tion concerning this matter, please call:	
B11 24	me of Person) at (Area Coo	2/8-633Z de & 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, WILLIAM FAY DURISM, hereby resign as	(Title)
of STYPRE FOOT COMMUNITY R	ADIO CURP.
(Document Number, if known) a corporation organized under the	e laws of the State of
<u>FL</u>	
(Signature of resigning officer/director)	FILED 18 OCT -5 AH TO: St

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

FILING FEE IS \$35.00

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