

N14 000000053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

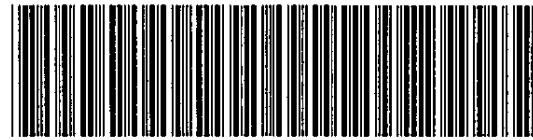
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/19/16

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **FLORIDA DIVERSITY, INC.**
(Name of Corporation)

DOCUMENT NUMBER: **N14000000053**

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

Please return all correspondence concerning this matter to the following:

Amrita D. Singh

(Name of Person)

Florida Diversity, Inc.

(Name of Firm/Company)

PO Box 2708

(Address)

Orlando, FL 32802

(City/State and Zip Code)

For further information concerning this matter, please call:

Amrita Singh

(Name of Person)

at (**407**) **538-0201**

(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, LAVERNE MCGEE, hereby resign as OFFICER
(Title)

of FLORIDA DIVERSITY INC.
(Name of Corporation)

N14000000053, a corporation organized under the laws of the State of
(Document Number, if known)

Florida. My resignation is effective as of April 30, 2014.



(Signature of resigning officer/director)

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

FILED
28th OCT - 3 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA