

N1400000 2990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

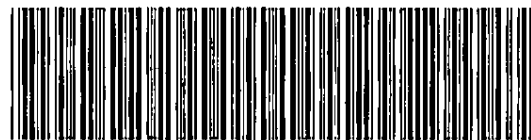
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800335956148

10/25/19--01008--012 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 25 AM 11:58

old Resignation

NOV 16 2019
D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MICAR CHRISTIAN UNIVERSITY CORP
(Name of Corporation)

DOCUMENT NUMBER: N14000002990

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

Please return all correspondence concerning this matter to the following:

ANGELO ALBINO

(Name of Person)

Micar Christian University Corp

(Name of Firm/Company)

224 LAKE VILLA WAY

(Address)

HAINES CITY, FL 33844

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELO ALBINO

(Name of Person)

at (**321**) **746-1038**

(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

19 OCT 25 AM 11:58

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Angelo Albino, hereby resign as Director
(Title)

of MICAR CHRISTIAN UNIVERSITY CORP
(Name of Corporation)

N14000002990, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Angelo Albino
(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
DIVISION OF CORPORATIONS
19 OCT 23 AM 11:58