N14000010565

(Re	questor's Name)	
(110	questors realiza	
	dress)	
(10	a1633)	
	dress)	
(Au	aless)	
(6)	(Ob-b-17:- (Db	- 40
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
J. HORNE		
JUN - 3 2023		
	2014 - 3 5	U23

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SECRETARY OF THE S

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

North Beach Community Developmen SUBJECT:	t Corp	
(Name of Corp	poration)
DOCUMENT NUMBER: N14000010565		
The enclosed Officer/Director Resignation fo	or a Corporat	ion and fee are submitted for filing.
Please return all correspondence concerning	this matter to	o the following:
MargueritteRamos		
(Name of Person)		
c/0 ShadeFLA		
(Name of Firm/Company)		_
561 NE 79th Street Suite 330		
(Address)		_
Miami, FL 33138		
(City/State and Zip Code)		
For further information concerning this matte	er, please cal	1:
Margueritte Ramos	305 at (389-7444) ode & Daytime Telephone Number)
(Name of Person)	(Area C	ode & 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Margueritte W. Ramos	Officer/Director, hereby resign as	
	(Title)	
North Beach Community Development (Согр	
(Nan	ne of Corporation)	
N1400010565	, a corporation organized under the laws of the State of	
(Document Number, if known)		
	(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