

N14 0000 10754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

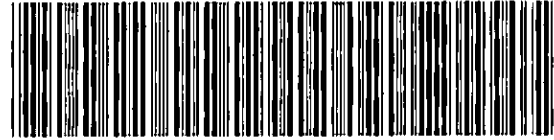
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500340486325

03/10/2010--09:08--017 **35.00

R WHITE

MAR 05 2010

2010 10 19 14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTRAL FLORIDAS YOUTH CLUB OF AMERICA CORP.

(Name of Corporation)

DOCUMENT NUMBER: N14000010754

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

Please return all correspondence concerning this matter to the following:

DR FALCO

(Name of Person)

CENTRAL FLORIDAS YOUTH CLUB OF AMERICA CORP.

(Name of Firm/Company)

5104 N. Orange Blossom Trail SUITE 107

(Address)

ORLANDO FL 32810

(City/State and Zip Code)

For further information concerning this matter, please call:

DR FALCO

(Name of Person)

at (407) 820-4348
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

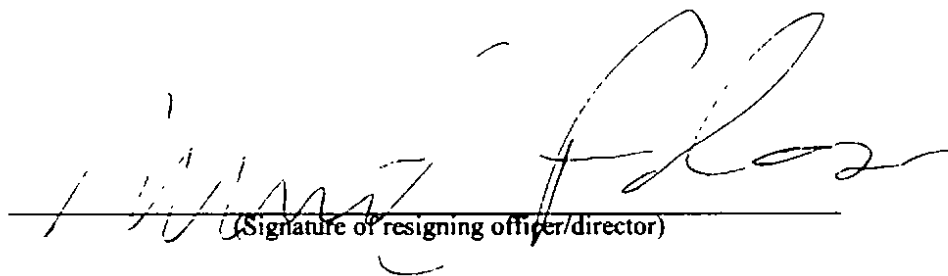
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DR. FALCO, hereby resign as OTHER
(Title)

of CENTRAL FLORIDAS YOUTH CLUB OF AMERICA CORP.
(Name of Corporation)

N14000010754, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

2020 FEB 10 AM 9:14