

N15000004159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

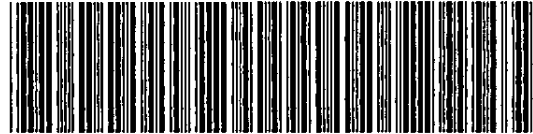
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300297358563

04/05/17--01015--010 **35.00

OPRES

APR 10 2017

R. WHITE

17 APR -5 AM 9:23
2017

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH DADE DEMOCRATIC BLACK CAUCUS INC.
(Name of Corporation)

RON BROWN
CHAPTER

DOCUMENT NUMBER: N15000004159

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

Please return all correspondence concerning this matter to the following:

DOROTHY JACKSON
(Name of Person)

SOUTH DADE DEMOCRATIC BLACK CAUCUS INC. / RON BROWN CHAPTER
(Name of Firm/Company)

5147 S.W. 97TH STREET
(Address)

PINECREST FL 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

DOROTHY JACKSON at (305) 666-3537
(Name of Person) (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, SAMUEL JACKSON, hereby resign as DIRECTOR
(Title)

of SOUTH DADE DEMOCRATIC BLACK CAUCUSING / RON BROWN
(Name of Corporation) CHAPTER

N1500000N159, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Samuel Jackson
(Signature of resigning officer/director)

17 APR -5 AM 9:28

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