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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Reformist Party OF Contury Village WPB, INC. (Name of Corporation)
DOCUMENT NUMBER: NISO8000 6/09
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Esther Sutofsky (Name of Person)
the Reformest Party of Century Village, WPB, Inc. (Name of Firm/Company)
310 Wellington E (Address)
West Palm Beach, FL. 33417 (City/State and Zip Code)
For further information concerning this matter, please call:
Esther Schofsky at (561) 640-6944 (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, PHYllis RICHIAND	, hereby resign as Treasure (Title)
of the Reformst Party (Name)	of Century Village WYB, Enc.
(Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	_•
Physis	Melland ignature of resigning officer/director)
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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