

N15000006673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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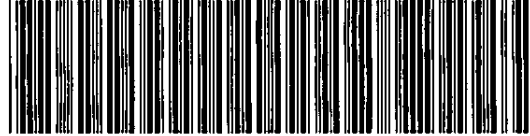
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA ARCHAEOLOGICAL RESEARCH INSTITUTE, INC.
(Name of Corporation)

DOCUMENT NUMBER: N 15000006673

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

Please return all correspondence concerning this matter to the following:

ROBIN CORSIGLIA

(Name of Person)

CENTRAL FLORIDA ARCHAEOLOGICAL RESEARCH INSTITUTE, INC
(Name of Firm/Company)

200 SE. 17TH ST.

(Address)

OCALA, FL 34471 UN

(City/State and Zip Code)

ON OFFICIAL DOCUMENT

5200 NE 9TH LANE
OCALA, FL 34470

For further information concerning this matter, please call:

ROBIN CORSIGLIA

(Name of Person)

at (352) 804-4690

(Area Code & Daytime Telephone Number)

ACTUAL ADDRESS

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, Robin Corsiglia, hereby resign as VP
(Title)

of CENTRAL FLORIDA Archaeological Research Institute
(Name of Corporation) INC

N15000006673, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Robin Corsiglia
(Signature of resigning officer/director)

FILED
JUL 28 PM 3:25
STATE
SECRET
TALLAHASSEE

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