

N15 000 00 6886

(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



000291937520

000291937520
11/04/16--01023--021 **35.00

S TALLENT

NOV 07 2016

O/O-Resign

FILED
16 NOV -4 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advancing Sickie Cell Advocacy Project Inc.
(Name of Corporation)

DOCUMENT NUMBER: N15000006886

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

Please return all correspondence concerning this matter to the following:

Kemba O. Gosier

(Name of Person)

Advancing Sickie Cell Advocacy Project Inc.

(Name of Firm/Company)

3791 NW 205th Street

(Address)

Miami Gardens, Florida 33055

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Braxton

(Name of Person)

at (305) 335-3775

(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, Paul Braxton, hereby resign as Vice President
(Title)

of Advancing Sickle Cell Advoacy Project Inc.
(Name of Corporation)

N15000006886, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
16 NOV -4 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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