

N160000000529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Center For Bereaved Children and Families of Collier County, Inc
(Name of Corporation)

DOCUMENT NUMBER: N16000000529

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

Please return all correspondence concerning this matter to the following:

Patricia A Dougherty

(Name of Person)

Center For Bereaved Children and Families of Collier County, Inc

(Name of Firm/Company)

8177 Tauren Court

(Address)

Naples, FL 34119

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia A Dougherty

(Name of Person)

at **(239) 287-0703**

(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

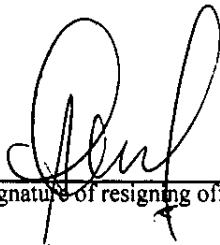
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alicia Castillo, hereby resign as VP
(Title)

of Center For Bereaved Children and Families of Collier County, Inc.
(Name of Corporation)

N16000000529, a corporation organized under the laws of the State of
(Document Number, if known)

FL


(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

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TALLAHASSEE
STATE DEPT OF CORP