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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
The Cicada Institute SUBJECT:(Name of Corporation)
DOCUMENT NUMBER: N16000001600
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sylvie Fanous Samaan Silva
(Name of Person) The Cicada Withtute (Name of Firm/Company)
14602 Oak VINE Dr (Address) Luty Fr 33559 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (\$13, 735-06(3) (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

The Cicada Institute (Name of Corporation)	
N16000001600, a corporation organized under the laws o	of the State of
(Document Number, if known)	
Florida	

FILING FEE IS \$35.00

ure of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314