

(Re	equestor's Name)	)		
(Address)				
(Address)				
(Ci	ty/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	MA	J. HORNE Y - 8 2024		





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04/23/24--01010--025 \*\*35.00



## TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations	
SUBJECT:Englewood Camera Club, Inc	
	(Name of Corporation)
DOCUMENT NUMBER: N16000003454	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	this matter to the following:
FRANCINE BELCUORE	
(Name of Person)	<del></del>
ENGLEWOOD CAMERA CLUB	
(Name of Firm/Company)	<del></del>
20071 RAGAZZA CIRCLE, UNIT 101	
(Address)	<u>_</u>
VENICE, FL 34293	
(City/State and Zip Code)	<del></del>
For further information concerning this mat	ter, please call:
FRANCINE BELCUORE	975 886-2450
(Name of Person)	at ( ) 886-2450 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payabl	e 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
,	Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2024 APR 23 PM 1:18

ANTHONY LOFRESE	PRESIDENT, hereby resign as		
1,		_, nereby resign as	(Title)
ENGLEWOOD CAMERA CLUB			
(Nan	ne of Corporati	on)	
N16000003454	, a como	ration organized und	er the laws of the State of
(Document Number, if known)			
FLORIDA			
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	<b>'</b> )	$\mathcal{L}$	

FILING FEE IS \$35.00

(Signature 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