N17000000515

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

• • •

SUBJECT:			
	(Name of Co	orporation)	
DOCUMENT NUMBER: N17000000515	<u>, </u>		
The enclosed Officer/Director Resignation	on for a Corpora	ration and fee are submitted for t	īling
Please return all correspondence concern	ing this matter	to the following:	
MICHAEL LISS			
(Name of Person)			
INTEGRITY COUNSEL PA			
(Name of Firm/Company	y)		
150 EAST PALMETTO PARK ROAD, SUITE 3	350		
(Address)			
BOCA RATON, FL 33432			
(City/State and Zip Code	e)		
For further information concerning this n	natter, please ca	call:	
MICHAEL LISS	561	9812507) Code & Daytime Telephone Numb	
(Name of Person)	(Area	Code & Daytime Telephone Numb	oer)
England in a short for 625 00 and			

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 Tailahassee, 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

I,	PRESIDENT , hereby resign as
	(Title)
DOWNTOWN BUSINESS ALLIAN of	NCE OF BOCA RATON Name of Corporation)
N17000000515 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	(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 PAND CER IS AN O: 08