

17000009231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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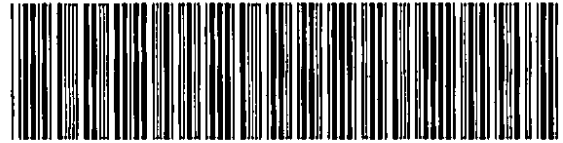
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Port Pride, Inc
(Name of Corporation)

DOCUMENT NUMBER: N17000009231

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

Please return all correspondence concerning this matter to the following:

Mike Cooper

(Name of Person)

North Port Pride

(Name of Firm/Company)

4547 DAKOTA TERR

(Address)

NORTH PORT, FL 34286

(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Cooper

(Name of Person)

at (941) 822-2576

(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, Joshua Doerrfeld Sr, hereby resign as Vice President
(Title)

of North Port Pride, Inc
(Name of Corporation)

N17000009231, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director) 8-28-18

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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