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TRANSMITTAL LETTER

SUBJECT:	(Name of C	orporation)	
DOCUMENT NUMBER: N17000009886	<u></u>		
The enclosed Officer/Director Resignation	for a Corpor	ration and fee are submitted for filing	
Please return all correspondence concerning	g this matter	to the following:	
Fares Rached			
(Name of Person)			
BROOKER CREEK WATERSHED CITIZENS A	LLIANCE, IN	C.	
(Name of Firm/Company)			
850 E. Lime St. #1401			
(Address)			
Tarpon Springs, FL 34689			
(City/State and Zip Code)			
For further information concerning this ma	tter, please c	all:	
Fares Rached	813	610-6101	
(Name of Person)	(Area	Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payab	le to the Flo	rida Department of State.	
Mailing Address:		eet Address:	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		e Centre of Tallahassee	
Tallahassee, FL 32314		15 N. Monroe Street, Suite 810	
	Ta	llahassee, FL 32303	

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Fares Rached	Rached VP . hereby resign as			
1,		(Title)		
BROOKER CREEK WATERSH of	ED CITIZENS ALLIANCE, INC. (Name of Corporation)	·		
N17000009886 (Document Number, if known	a corporation organized under the laws (of the State of		
Florida				
	(Signature of resignify officer/director)	2020 JUL 22 PH 5: 09		

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