

N17000011906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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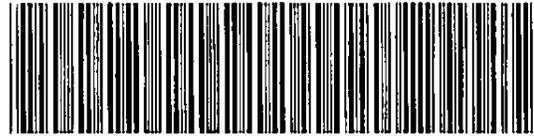
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

Old Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ORGANIZATION COMMUNAUTAIRE POUR LE DEVELOPMENT DE LA DEUXIEME SECTION DE DEOUVRAY, INC

(Name of Corporation)

DOCUMENT NUMBER: N17000011906

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

Please return all correspondence concerning this matter to the following:

BERTLINE RENDEL

(Name of Person)

(Name of Firm/Company)

7614 BRIAR CLIFF CIRCLE

(Address)

LAKE WORTH, FL. 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

BERTHLINE RENDEL at (**561**) **460-6245**

(Name of Person) (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, Bertline Rendel, hereby resign as 2nd Vice President
(Title)

of Organization Communautaire Pour Le Developpement De La Deuxieme Section De Deouvray, Inc
(Name of Corporation)

N17000011906, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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