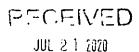
## N170000 12584

(Requestor's Name)	
(Address)	
(Address)	
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(0) (0) (7) (1)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: Resignation of officers or Direct	(Name of Corporation)
DOCUMENT NUMBER: N170000125	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.
Please return all correspondence concernir	
Diana Hammond	
(Name of Person)	
Villagers for Trump	
(Name of Firm/Company)	<u> </u>
2924 Larranaga Dr	
(Address)	
The Villages, Florida 32162	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Diana Hammond	( )
(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payal	ole to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Diana Hammond I,	President , hereby resign as
·	(Title)
Villagers for Trump, TNC.	
	Name of Corporation)
N17000012584	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	
	·
	A

**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 21 1110:0