17374

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
(Cooding in Landon)		
Certified Copies Certificates of Status		
Continued depices		
Special Instructions to Filing Officer:		





600209826866

07/22/11--01016--029 **35.00

off. Resign.

Brewn 7-25-11

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: INTERGROUP DISTRICT 17 INC		
(Name of Corporation)		
DOCUMENT NUMBER: N17374		
The enclosed Officer/Director Resignation for a Corpor	ation and fee are submitted for filing	
Please return all correspondence concerning this matter	to the following:	
CONSTANCE C CHILLEMI		
(Name of Person)		
INTERGROUP DISTRICT 17 INC		
(Name of Firm/Company)		
3666A NE 25TH ST		
(Address)		
OCALA, FL 34470		
(City/State and Zip Code)	·	
For further information concerning this matter, please ca	all:	
CONSTANCE C CHILLEMI at (352	867-0660 Code & Daytime Telephone Number)	
(Name of Person) (Area	Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payable to the Flor	rida Department of State.	
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporation	on rations 327	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

CHAIRPERSON

(Title)

I. JOHN R PIERCE	, hereby resign as	CHAIRPERSON
		(Title)
of INTERGROUP DIST	RICT 17 INC.	
	(Name of Corporation)	,
N17374	, a corporation organized ur	nder the laws of the State of
(Document Number, if kn	own)	
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