

N180000003857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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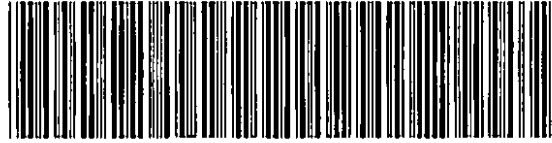
(Business Entity Name)

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S. PRATHER

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: THE SISTRUNK PRIDE AND FESTIVAL INC  
(Name of Corporation)

DOCUMENT NUMBER: N 1800 000 3857

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

Please return all correspondence concerning this matter to the following:

(~~John~~ JAMES CAMPBELL)  
(Name of Person)

THE SISTRUNK PRIDE AND FESTIVAL INC  
(Name of Firm/Company)

301 SW 3rd Avenue  
(Address)

FT Lauderdale FLA 33312  
(City/State and Zip Code)

For further information concerning this matter, please call:

James Campbell at ( 954 ) 290-6115  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Tim McGovern, hereby resign as Officer / Director / VP  
(Title)

of THE SISTEVNK PARADE AND FESTIVAL INC  
(Name of Corporation)

N 18000003857, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

X   
(Signature of resigning officer/director)

TALLAHASSEE, FLORIDA

2022 JUL 18 PM 2:45

**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