

N18000009553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

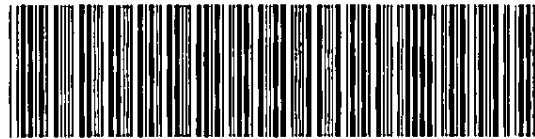
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500400153695

01/10/23--01014--006 **35.00

cf 31.7/2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Robert L Zore Foundation
(Name of Corporation)

DOCUMENT NUMBER: N1800000 9553

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

Please return all correspondence concerning this matter to the following:

Rosemary Zore
(Name of Person)

Robert L Zore Foundation
(Name of Firm/Company)

302 Newport Dr. # 1507
(Address)

Naples, FL 34114
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosemary Zore at (239) 315-1242
(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

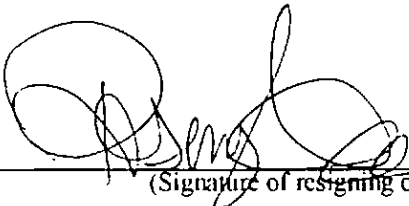
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Rosemary Zane, hereby resign as President
(Title)

of Libertarian Foundation Inc.
(Name of Corporation)

NR00000 9553 a corporation organized under the laws of the State of
(Document Number, if known)

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