

N18 000009743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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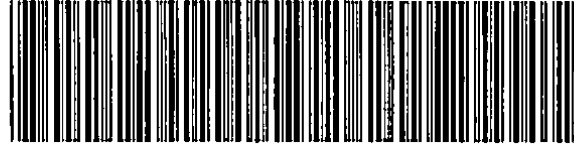
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROGRAMME D'ENTRAIDE EDUCATIF CORP
(Name of Corporation)

DOCUMENT NUMBER: N18000009743

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

Please return all correspondence concerning this matter to the following:

ARBUSTE VICTOR
(Name of Person)

PROGRAMME D'ENTRAIDE EDUCATIF CORP
(Name of Firm/Company)

17155 NW 13TH ST
(Address)

Pembroke Pines, FL 33028
(City/State and Zip Code)

For further information concerning this matter, please call:

ARBUSTE VICTOR at (754) 422-7210
(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, Marie Lourdes Philippe, hereby resign as TREASURER
(Title)

of PROGRAMME D'ENTRAIDE EDUCATIF CORP
(Name of Corporation)

N18000009743, a corporation organized under the laws of the State of
(Document Number, if known)

FLorida

Marie L. Philippe
(Signature of resigning officer/director)

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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