118635

(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



500266168755

500266168755 11/06/14--01015--014 **35.00

> 14 NOV -6 AM 2: 41 SECRETARY OF STATE ALLAHASSEE, FLORID

AND SILED

0

TITE TO THE

TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations
SUB	VILLAGE BANK CENTER, INC. (Name of Corporation)
DOC	UMENT NUMBER: N18635
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Ra	lph Mizrahi
	(Name of Person)
	(Name of Firm/Company)
72	75 poinciana court
·	(Address)
mia	ami lakes florida 33014
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
ral	ph mizrahi (Name of Person) at (305) 776-1777 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis P.O.	ing Address: Indiment Section Identify S

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{ı,} Ralph Mizrahi	, hereby resign as TD
of_VILLAGE BANK	
	Name of Corporation)
N18635	
(Document Number, if known)	, a corporation organized under the laws of the State of

ralph mizrahi

Digitally signed by ralph mizran

DN crieralph mizrahi, o. ou. email=rsmgroup@gmail.com,

Date. 2014 11 03 16:11:28 -05:00

(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 SECRETARY OF STATE

APROVED