

N19 000000 782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

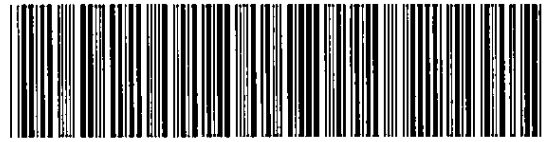
(Business Entity Name)

(Document Number)

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JUN 13 2019

F ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Experienced Autism Alliance, Inc
(Name of Corporation)

DOCUMENT NUMBER: N19000000782

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Karen

(Name of Person)

Experienced Autism Alliance

(Name of Firm/Company)

10402 Soaring Eagle Dr

(Address)

Riverview, FL 33578

(City/State and Zip Code)

For further information concerning this matter, please call:

James L Hines

(Name of Person)

at (813) 7865289

(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

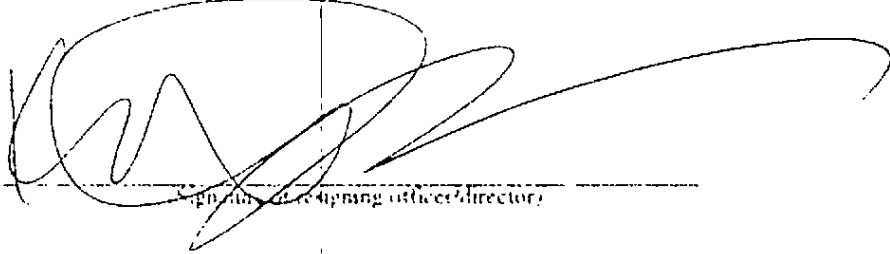
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Karen Pagliro, hereby resign as VP (Title)

of Experienced Autism Alliance
(Name of Corporation)

N19000000782, 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

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1-11-19