N19000009451

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| (Re | questor's Name) | |
| | | |
| (Ad | ldress) | |
| | | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| | | , |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
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| Cartified Carios | Cortificator | of Status |
| Certified Copies | _ Certificates | or Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



100361647951

03/11/21--01013--011 **35.00

TRANSMITTAL LETTER

| Division of Corporations | | |
|--|--|--|
| Officer/Director Resignation SUBJECT: | | |
| | (Name of Corporation) | |
| DOCUMENT NUMBER: N19000009451 | | |
| The enclosed Officer/Director Resignation | for a Corporation and fee are submitted for filing | |
| Please return all correspondence concerning | ng this matter to the following: | |
| Angela Cisneros | | |
| (Name of Person) | | |
| Collier National Organization for Women, INC | | |
| (Name of Firm/Company |) | |
| 5331 GEORGIA AVE | | |
| (Address) | | |
| NAPLES, FL 34113 | | |
| (City/State and Zip Code) |) | |
| For further information concerning this m | atter, please call: | |
| Angela Cisneros | 239 200-1710 | |
| (Name of Person) | at () (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for \$35.00 made paya | ble to the Florida Department of State. | |
| Mailing Address: | Street Address: | |
| Amendment Section | Amendment Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Kathleen Morales Perez I | President , hereby resign as | | |
|--------------------------------------|--|-----|--|
| | (Title) | | |
| Collier National Organization for of | Women | | |
| | Name of Corporation) | - ' | |
| N19000009451 | , a corporation organized under the laws of the State of | | |
| (Document Number, if known) | | | |
| Florida | | | |
| | | | |
| | | | |
| | ^ | | |
| XC | (Signature of resigning officer/director) | | |
| <u></u> | (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