

N21000006995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

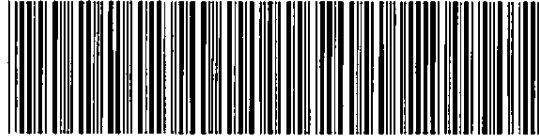
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SECRETARY OF STATE
TOLSON, ROBERT E.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BREVARD MUSEUM AND SCIENCES CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: N21000006995

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

Please return all correspondence concerning this matter to the following:

GRELL STOLL
(Name of Person)

(Name of Firm/Company)

2203 SALEM DR
(Address)

COCONA FL 32926
(City/State and Zip Code)

For further information concerning this matter, please call:

GRELL STOLL at (321) 632 4894
(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

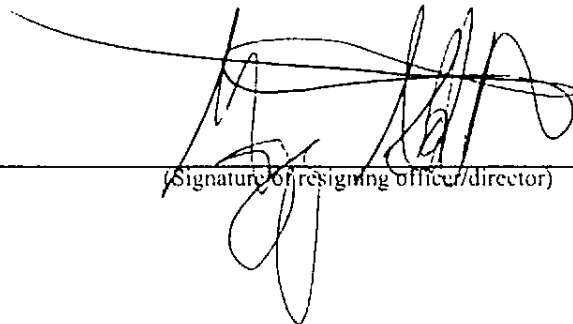
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GRELLS STYL, hereby resign as VICE CHAIRMAN
(Title)

of BREVARD MUSEUM AND SCIENCE CENTER, INC.
(Name of Corporation)

N2100086995, 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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