N23000000013

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	
	J. HORNE JUL 3 1 2023

Office Use Only



05/21/28--01000--002 (+35.00



B

TRANSMITTAL LETTER

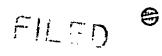
TO: Amendment Section Division of Corporations

WESTERN EVERGLADES STAKEHOLDERS ASSOCIATION INC.
(Name of Corporation)
DOCUMENT NUMBER: N23000006473
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Thomas D. Oates
(Name of Person)
Law Offices of Oates & Oates, P.A.
(Name of Firm/Company)
1701 E. Atlantic Blvd., Suite 4
(Address)
Pompano Beach, FL 33060
(City/State and Zip Code)
For further information concerning this matter, please call:
Thomas D. Oates 954 942-6500
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Malling Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



150-

OFFICER / DIRECTOR RESIGNATION SECRETAL TALLABORES

Jesse Lee	Director, hereby resign as
	(Title)
WESTERN EVERGLADES STAKEH	OLDERS ASSOCIATION INC.
(Na	me of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
lorida	
Jess	
	(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