N25403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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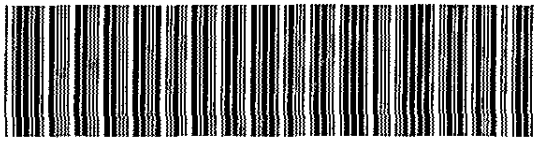

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC.
(Name of Corporation)

DOCUMENT NUMBER: N25403

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

Please return all correspondence concerning this matter to the following:

Pamela Stiles
(Name of Person)

(Name of Firm/Company)

560 Lilac Road
(Address)

Casselberry, FL 32707
(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Stiles at (407) 831-4427
(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
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, PAMELA STILES, hereby resign as SECRETARY (Title)

of FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC. (Name of Corporation)

N25403 (Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

Pamela Stiles
(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