

N38791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

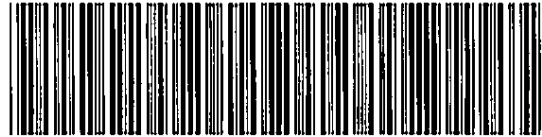
(Business Entity Name)

(Document Number)

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20 MAY 21 AM 11:51

MAY 23 2018  
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## TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 MAY 21 AM 11:51

TO: Amendment Section  
Division of Corporations

SUBJECT: DisAbility Advocacy and Access Network, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: N38791

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

Please return all correspondence concerning this matter to the following:

Patricia L Kennedy

(Name of Person)

DisAbility Advocacy and Access Network, Inc

(Name of Firm/Company)

9205 NW 80th Street

(Address)

Tamarac, FL 33321-1404

(City/State and Zip Code)

For further information concerning this matter, please call:

Pat Kennedy

(Name of Person)

at ( 954 ) 724-0695

(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

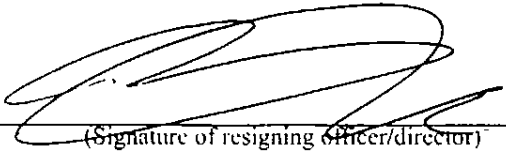
**20 MAY 21 AM 11:51**

I, Barbara Haley, hereby resign as Asst. Treasurer  
(Title)

of DisAbility Advocacy and Access Network, Inc.  
(Name of Corporation)

N38791, 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