

(Requestor's Name)
(Address)
(riddicss)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/r Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Cadificat Casina Cadificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming officer.

Office Use Only



12/14/10 01013 HAR ++35.00

S TALLENT DEC 1 9 2018

18 DEC 14 PH 2: 10

NP Raign

TRANSMITTAL LETTER

Division of Corporations		
THE OUTBACK PLA	AT ASSOCIATION, INC	
DOCUMENT NUMBER:	(Name of Corpo	oration)
The enclosed Officer/Director Res		on and fee are submitted for filing
Please return all correspondence co	oncerning this matter to t	the following:
VINCENT ZARRELLA		
(Name of Per	rson)	_
THE OUTBACK PLAT ASSOCI	IATION, INC.	
(Name of Firm/C	Company)	_
12130 NW 7TH STREET		
(Address)	_
PLANTATION, FL 33325		
(City/State and Z	lip Code)	_
For further information concerning	this matter, please call:	
VINCENT ZARRELLA	954	980 8009
(Name of Person)	at () de & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de 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 Corporation 2661 Executive Center Tallahassee, FL 3230	r Circle

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JAY CHURBA	PRESIDENT			
[,	, hereby resign as	PRESIDENT, hereby resign as(Title)		
		(Title)		
THE OUTBACK PLAT ASSO	CIATION, INC.			
of(N	ame of Corporation)	 `		
N93000001509 (Document Number, if known)	, a corporation organized under the laws	of the State of		
FLORIDA				
	(Signature of resigning officer/director)	18 DEC 1		
·	FILING FEE IS \$35.00	ILED		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: