

N95000005670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

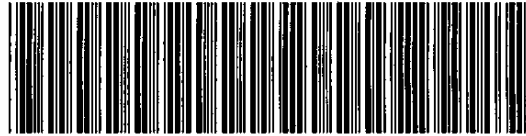
(Business Entity Name)

(Document Number)

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FILED
06 JUN 13 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/13/06--01030--004 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Community Inclusions Enterprise
(Name of Corporation)

DOCUMENT NUMBER: 095000005607

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

Please return all correspondence concerning this matter to the following:

Tracey Williams
(Name of Person)

(Name of Firm/Company)

268 La Playa Lane
(Address)

Port Charlotte FL 33953
(City/State and Zip Code)

For further information concerning this matter, please call:

Tracey Williams at (941) 624-4579
(Name of Person) (Area Code & Daytime Telephone Number)

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

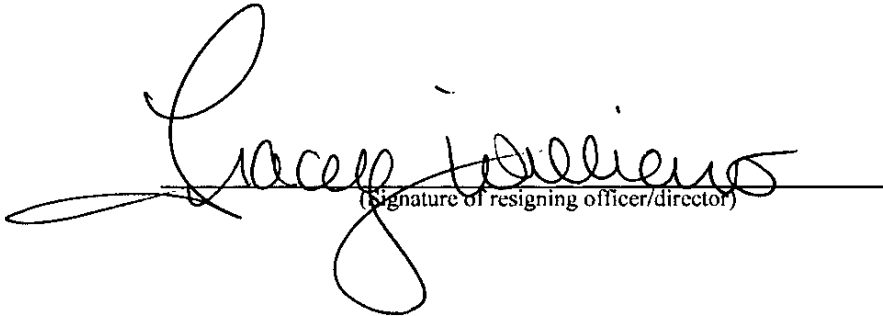
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
06 JUN 13 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Tracey Williams, hereby resign as Director
(Title)
of Community Inclusions Enterprise, Inc.
(Name of Corporation)
195000005607, 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