

N95000005607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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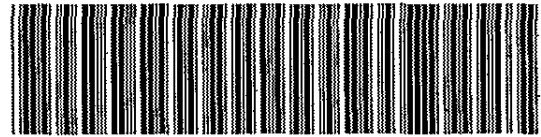
(Business Entity Name)

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Order by
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMUNITY INCLUSION ENTERPRISES, INC.
(Name of Corporation)

DOCUMENT NUMBER: 1195000005607

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

Please return all correspondence concerning this matter to the following:

JAMES R. ZAKAS
(Name of Person)

(Name of Firm/Company)

7377 CANDACE LANE
(Address)

PORT CHARLOTTE, FL 33981-2641
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES R. ZAKAS at (941) 697-1416
(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

I, JAMES R. ZAKAS, hereby resign as DIRECTOR
(Title)

of COMMUNITY INCLUSION ENTERPRISES, INC.
(Name of Corporation)

N95000005607, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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06 DEC -6 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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