

N 96000003904

(requestor's name)

(Address)

(Address)

(City/State/Zip/Phone #)

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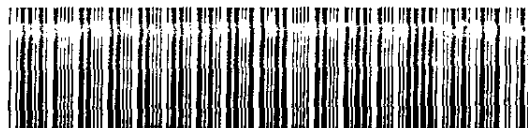
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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O/D Resign.
05/16/06
De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allied Community Trust, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Tracy Forest
(Name of Person)

Allied Community Trust, Inc
(Name of Firm/Company)

406 Duval Street NE
(Address)

Live Oak, FL 32064
(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry A. Robinson Dan at (678) 494-2146
(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**

I, Sherry A. (Robinson) Dean, hereby resign as Secretary
(Title)
of Allied Community Trust, Inc.
(Name of Corporation)

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

Sherry A. (Robinson) Dean
(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

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DIVISION OF CORPORATIONS
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