N97000001144

(Req	uestor's Name)	
(Address)		
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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05/22/19--01006--004 **35.00



Cricking.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Andeson a/k/a Jim Anderson	_, hereby resign as Treasurer/Director (Title)
Naples Estates Homeov	
(Name of Corporat	ion)
N9700001144 , a corpo	oration organized under the laws of the State of
Florida	AR HAY 22
Jun July (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