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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corpora	tions
SUBJECT: Commun	ty Reinvestment Agency, Inc. (Name of Corporation)
DOCUMENT NUMBER	
The enclosed Officer/Direct	or Resignation for a Corporation and fee are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
Ma <b>n</b> uel Mari; (Name	<u>Eşg</u> .
(Name	e of Person)
Manuel J. Man	ri, P.A.
(Name of	Firm/Company)
250 Bird Road	Suite # 200 ddress)
· · · · · · · · · · · · · · · · · · ·	
Coral Gables, Fig	
	and Zip Code)
For further information conc	erning this matter, please call:
Maneul J. Mari, I (Name of Pers	Esq. at (305 ) 444-9100 (Area Code & Daytime Telephone Number)
(Name of Pers	son) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35	00 made 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 Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Manuel J.	Mari, Es	<u>a.</u>	, hereby resign	as	Dîrecto (T	r itle)	, <u> </u>	_
of_	Community	•	ment Ag	gency, Inc.	·		<del>ا</del> ن.	<u>o</u> ,	
	(Document Num	ber, if known)	, a co	poration organized	l under the	laws of the	e Spie of		1
]	Florida	; } !			,	<del>-</del> ,	SSEE	20 PM	
							CORIUA	47.75 47.41	
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(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