

1198000004788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SEMINOLE HEIGHTS BUSINESS ALLIANCE  
(Name of Corporation)

**DOCUMENT NUMBER:** N98000004788

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

Please return all correspondence concerning this matter to the following:

JEFFERSON W CRAFT

(Name of Person)

*Craft & Company CPAs*

(Name of Firm/Company)

6100 NEBRASKA AVENUE

(Address)

TAMPA, FLORIDA 33604

(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFERSON W CRAFT

(Name of Person)

at ( 813 ) 239-1173

(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**

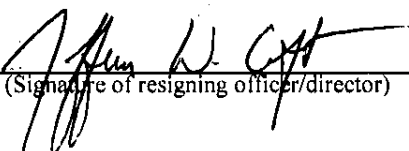
**FILED**  
**12 JAN 12 PM 1:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

I, JEFFERSON W CRAFT, hereby resign as DIRECTOR/PRESIDENT  
(Title)

of SEMINOLE HEIGHTS BUSINESS ALLIANCE, INC  
(Name of Corporation)

N98000004788, 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