

N 98000006253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

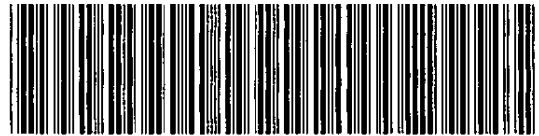
(Document Number)

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Certificates of Status \_\_\_\_\_

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FILED  
09 JUN -5 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE FL 32399

O/D  
6-10-09  
DC

**JUDITH C. DEEVERS  
8809 LIVE OAK CT.  
CAPE CANAVERAL, FL 32920**

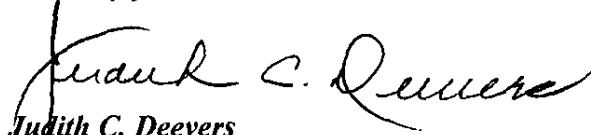
**PH: 321-783-4459**

***Amendment Section  
Divisions of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301***

***Enclosed is a check in the amount of \$455.00 for thirteen Officer/Director Corporation  
Resignation forms.***

***If any additional information is required, please do not hesitate to contact me.***

***Sincerely yours,***

  
**Judith C. Deever**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Brevard Expo Fair, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N98000006253

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

Please return all correspondence concerning this matter to the following:

Judith C. Deevers

(Name of Person)

Brevard Expo Fair, Inc.

(Name of Firm/Company)

8809 Live Oak Ct.

(Address)

Cape Canaveral, FL 32920

(City/State and Zip Code)

For further information concerning this matter, please call:

Judith C. Deevers

(Name of Person)

at ( 321 ) 783-4459

(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:**

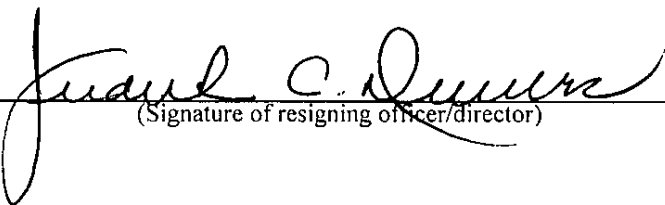
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Judith C. Deevers, hereby resign as Secretary  
(Title)

of Brevard Expo Fair, Inc.  
(Name of Corporation)

N98000006253, 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

**FILED**  
**09 JUN -5 PM 12:12**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA