

P01000010458

Requester's Name

Misty K. Reback
1615 Old Cypress Trail
Wellington, FL 33414

C

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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07/25/02
5-29-02

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA
COUNTY OF BROWARD

I, MISTY K. REBACK after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, MISTY K. REBACK hereby resign as President, Treasurer, Director
(Title)
A/C Neighbor, Inc., a Florida corporation;
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

Misty K. Reback
Signature of resigning officer/director

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TALLAHASSEE, FL

Sworn to and subscribed before me this 15 day of May 2002.

Richard L. Freedman
NOTARY PUBLIC



My Commission Expires: _____

Richard L. Freedman
MY COMMISSION # CC926106 EXPIRES
April 29, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E044 (7-90)

TOTAL P.03