

P01000049116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

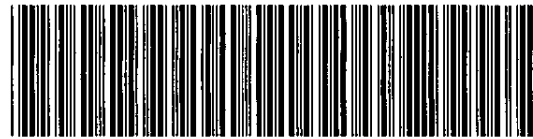
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR - 7 AM 11:43

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D.D.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** C.D.A. GROUP, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000049116

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

Please return all correspondence concerning this matter to the following:

ROBERT BOISVERT

(Name of Person)

REJEAN LAPIERRE 2000, INC.

(Name of Firm/Company)

7800 W OAKLAND PARK BLVD., #G-121

(Address)

SUNRISE, FLORIDA 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT BOISVERT

(Name of Person)

at ( 954 ) 749-8802

(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

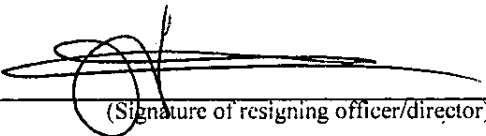
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JEAN-LOUIS ST-JEAN, hereby resign as VICE-PRESIDENT  
(Title)

of C.D.A. GROUP, INC  
(Name of Corporation)

P01000049116, 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**  
**08 MAR -7 AM 11:43**  
**STATE OF FLORIDA**