101000119060

(Requestor's Name) (Address)	900109622739
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	Off Resign Theur's 09/20/0701034017 **35.00
Certified Copies Certificates of Status	FILED 2007 SEP 20 PH 12: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	
Kids Village Montessori School & Day (Name of Firm/Company) 650 N.E. 88th Terrace (Address)	Care Center, Inc.

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

(City/State and Zip Code)

For further information concerning this matter, please call:

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Miami, FL 33138

Ahmed Ibrahim Mohamed (Name of Person)

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

at (<u>305</u>) <u>753–3939</u> (Area Code & Daytime Telephone Number)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, _	Sheila S. Spencer	, hereby resign as Vice President/Secty/Director
		. (Title)
		•
of_	<u> </u>	School & Day Care Center, Inc.
(Name of Corporation)		
	P01000119060	, a corporation organized under the laws of the State of
	(Document Number, if known)	
	Florida	
		•
		·
		<i>→</i> •

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