

P02000011463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

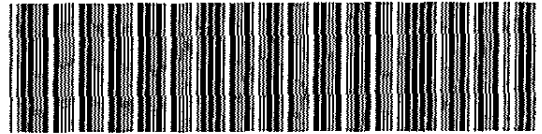
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600057515026

07/18/05--01049--021 **105.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 18 AM 10:28

✓ Old Resign.

07/21/05

De

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Consumer Supports Associates Villas, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P02000011463

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

Please return all correspondence concerning this matter to the following:

La Faries Mortimer

(Name of Person)

Consumer Supports Associates Villas, Inc.

(Name of Firm/Company)

P.O. Box 245158

(Address)

Pembroke Pines, Florida 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

La Faries Mortimer

(Name of Person)

at (786) 443-2236

(Area Code & Daytime Telephone Number)

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

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

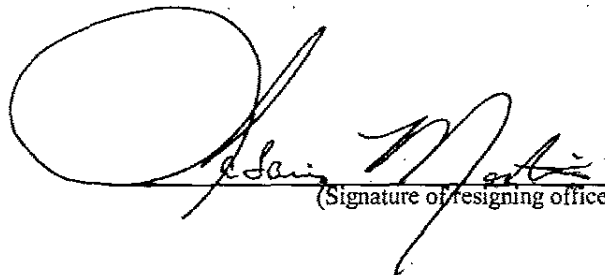
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, La Faries Mortimer, hereby resign as Treasurer
(Title)

of Consumer Supports Associates Villas, Inc.
(Name of Corporation)

P02000011463, 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 18 AM 10:28**