P02000 102665

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doa	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	\$35.00	1

Office Use Only

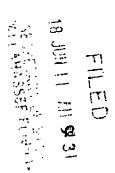


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JUN 1 3 2016



UD-Resign

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Dairy Towns Community Dev	elopers, Inc	
SUBJECT:	(Name of Corp	poration)
DOCUMENT NUMBER:	5	
The enclosed Officer/Director Resignation (or a Corporat	ion and fee are submitted for filing
Please return all correspondence concerning	this matter to	the following:
Robert M. Kush		
(Name of Person)	<u> </u>	
(Name of Firm/Company)		_
837 Oak Park Drive		
(Address)		
Melbourne, Florida 32940		
(City/State and Zip Code)		_
For further information concerning this matt	ter, please cal	l:
Robert M. Kush	321	432-4207
(Name of Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable	e to the Florid	la Department of State.
Amendment Section Amend Division of Corporations Division P.O. Box 6327 2661 E	Address: Iment Section on of Corporat Executive Cen- assee, FL 323	tions ter Circle

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

DPS
, hereby resign as
(Title)
pers, Inc,
of Corporation)
_, a corporation organized under the laws of the State of
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