| (Re | questor's Name) | |
|---|-------------------|-----------|
| (Address) | | |
| (Address) | | |
| (Cit | y/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |



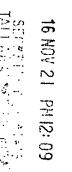


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R. Writie



TRANSMITTAL LETTER

| SUBJECT: Strokes Community Developers, Inc. |
|--|
| (Name of Corporation) DOCUMENT NUMBER: P03000014069 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Anne Herstol |
| (Name of Person) |
| Prince CPA Group |
| (Name of Firm/Company) |
| 9161 Narcoossee Road Ste 202 |
| (Address) |
| Orlando, FL 32827 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Anne Herstol (Name of Person) at (407) 823-8230 (Area Code & Daytime Telephone Number) |
| (Name of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| _{ı,} <u>Keith Buescher</u> | , hereby resign as(Title) |
|-------------------------------------|--|
| | ity Developers, Inc. |
| P03000014069 | , 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