## P0300014087

(Re	questor's Name)	· · · · · ·
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(Cit	y/State/Zip/Phone	e #)
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: MINTON COVE COMMUNITY DEVELOPERS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P03000014087

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

FABIOLA SANTIAGO

(Name of Person)

PRINCE CPA GROUP

(Name of Firm/Company)

9161 NARCOOSSEE RD. STE 202

(Address)

ORLANDO, FL 32827

(City/State and Zip Code)

For further information concerning this matter, please call:

FABIOLA SANTIAGO
(Name of Person)

(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

<sub>I,</sub> SUSAN GIRARD	, hereby resign as D	
		(Title)
	OMMUNITY DEVEL	OPERS, INC.
P03000014087 (Document Number, if known)	ne of Corporation), a corporation organized under th	e laws of the State of
FLORIDA		
	<del></del>	
	(Signature of resigning officer/director)	17 JUN -
	FILING FEE IS \$35.00	SEL PLOS

Amendment Section
Division of Corporations
P.O. Box 6327

Make checks payable to Florida Department of State and mail to:

Tallahassee, Florida 32314