203000	08651
(Requestor's Name) (Address)	
(Address)	800313781048 -
(City/State/Zip/Phone #)	06/11/1801046002 **1355.00
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	S TALLENT JUN 1 3 2018
Special Instructions to Filing Officer:	
535.00 Office Use Only	Old Posign

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Abbey Trace Community Developers, Inc

SUBJECT:

(Name of Corporation)

P03000108651

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

Please return all correspondence concerning this matter to the following:

Robert M. Kush

(Name of Person)

(Name of Firm/Company)

837 Oak Park Drive

(Address)

Melbourne, Florida 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

 Robert M. Kush
 321
 432-4207

 at (____)
 (Area Code & Daytime Telephone Number)

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

<u>Mailing Address:</u> 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

- - -

Robert M. Kush	DP	
I	, hereby resign as(Title)
Abbey Trace Community Develop		
(Name o	of Corporation)	
P03000108651	_, a corporation organized under the laws of the S	tate of
(Document Number, if known)		
Florida		
to h	gnature of resigning officer/director)	FILED SECONDER AN 901

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