

P04000059919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

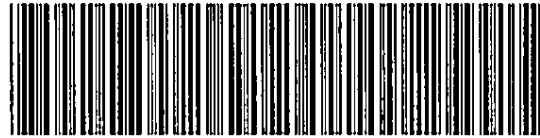
(Business Entity Name)

(Document Number)

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2018 JUN 11 AM 11:08

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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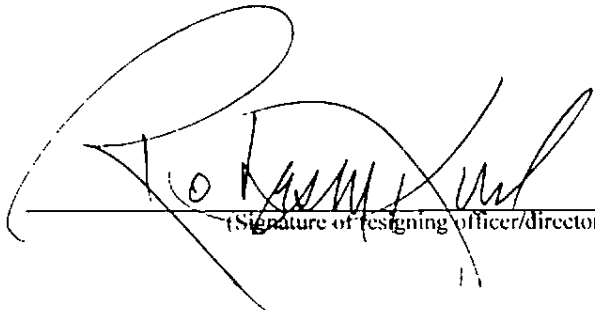
2010 JUN 11 AM 11:00

I, Robert M. Kush, hereby resign as D
(Title)

CAMBRIDGE COMMUNITY DEVELOPERS, INC.
of _____
(Name of Corporation)

P04000059919

_____, 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