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TO: Amendment Section Division of Corporations
SUBJECT: SEAGLAPE REALTY GROWN, THE . (Name of Corporation) DOCUMENT NUMBER: 1040000 83 599
DOCUMENT NUMBER: 1040000 83 599
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MAMON C. CAPOTE, PRESIDENT
(Name of Person)
Signate leasty blows, The. (Name of Firm/Company)
(Name of Firm/Company)
5707 S. DIXIE HIPHWAY, SUITE F
WEST Palm Bush H 33405 (City/State and Zip Code)
For further information concerning this matter, please call:
MAMON C. CAPOTE at (36/) 386.5393 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JOSE I. ALCEK	hereby resign as 5, 7, 0 (Title)
Sugare last	ne of Corporation)
Occument Number, if known)	, a corporation organized under the laws of the State of
(beloa	 •

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