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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

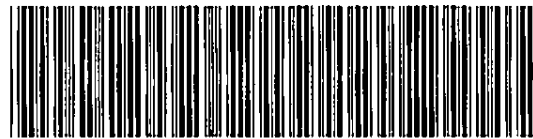
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JUN 13 2018

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18 JUN 11 AM 9:20  
STATE OF MISSISSIPPI  
JUL 11 2018

OLD-Resign

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cades Cove Community Developers, Inc  
(Name of Corporation)

DOCUMENT NUMBER: P04000110138

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

(Name of Person)

at ( )  
(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

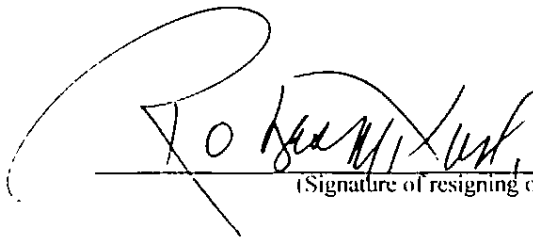
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

Robert M. Kush DP  
I, \_\_\_\_\_, hereby resign as \_\_\_\_\_  
(Title)

Cades Cove Community Developers, Inc.  
of \_\_\_\_\_  
(Name of Corporation)

P04000110138

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida  
\_\_\_\_\_

  
\_\_\_\_\_  
(Signature of resigning officer/director)

FILED  
18 JUN 11 AM 8:20  
TALLAHASSEE, FLORIDA

**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