## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : J.KEVIN DRAKE, P.A.

Account Number : 120820008002 Phone

: (941)954-7750

Fax Number

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN YELLOW STRAWBERRY CCDR, INC.

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Division of Corporations

TO: Amendment Section

### TRANSMITTAL LETTER

SUBJECT:	WBERRY CCDR	(Name of Co	rporation)	<del></del>
DOCUMENT NUMBER:	P04000136	513		
The enclosed Officer/Direc	tor Resignation	for a Corpora	ation and fee are submitted	i for filing
Please return all correspond	lence concernin	g this matter	to the following:	
J. KEVIN DRAKE, ESQ.				
(Nan	e of Person)			
J. KEVIN DRAKE, P.A.				
(Name of	Firm/Company)		<del></del> _	
1432 FIRST STREET				
(/	Address)			
SARASOTA, FLORIDA 342	36			
(City/Stat	e and Zip Code)		<del></del>	
For further information con	cerning this ma	tter, please ca	ill:	
J. KEVIN DRAKE		941 at /	954-7750 Code & Daytime Telephone	
(Name of Pe	rson)	(Area	Code & Daytime Telephone	Number)

Street Address:
Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

10.10.10.3500, 1 12 32303

CR2E044 (05/13)

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

(((H210004408463)))

(((H21000440846 3)))

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	VICE PRESIDENT & DIRECTO (Title)	OR
of(Name	o of Corporation)	,
(Document Number, if known)	a corporation organized under the laws of the State of	
Florida		JIVISION .
		CHETARY TON OF CR
And a	Signature of fesigning officer/director)	OF STATE ORPORATE AM 10: 1

#### 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