

P05000029058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alacri Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000029058

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

Please return all correspondence concerning this matter to the following:

Bart Pair

(Name of Person)

Alacri Inc.

(Name of Firm/Company)

~~18723rd Court~~

1501 Avenida Ave

(Address)

~~Indianapolis, FL 32903~~

Melbourne, FL 32935

(City/State and Zip Code)

For further information concerning this matter, please call:

Bart Pair

(Name of Person)

at (321) 757-7950

(Area Code & Daytime Telephone Number)

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

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, David E. Nevius, hereby resign as Secretary
(Title)

of Alacri Inc
(Name of Corporation)

P05000029058, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILED
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SECRETARY OF STATE
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