

P05000040561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100193335161

02/07/11--01011--021 **35.00

FILED

2011 FEB -7 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB 2-8-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA ALTERNATIVES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000040561

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

Please return all correspondence concerning this matter to the following:

BRUCE LYBRAND

(Name of Person)

(Name of Firm/Company)

27714 LAKE JEM ROAD

(Address)

MOUNT DORA, FL 32757

(City/State and Zip Code)

For further information concerning this matter, please call:

BRUCE LYBRAND

(Name of Person)

at (407) 448 - 0113

(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**

FILED
2011 FEB -7 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DEBRA L. KRAUSE, hereby resign as PRESIDENT
(Title)

of CENTRAL FLORIDA ALTERNATIVES, INC.
(Name of Corporation)

P05000040561, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Debra L. Krause
(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