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DIVISION OF CORPORATIONS
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COVER LETTER

SUBJECT: Florida City Police Officer Trust (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
Florida City Police Officers Trust (Name of Firm/Company)
404 w. Palm Orive (Address)
Florida City FL 33034 (City/State and Zip Code)
For further information concerning this matter, please call:
De Con A. Joy at (305) 216-3065 (Name of Person) (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

Amendment Section Division of Corporations

TO:

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

I, Deron R. Joy hereby resign as Treasurer
(Title)
of Florida City Police Officer Trust, Inc. (Name of Corporation)
20500078383 a corporation organized under the laws of the State of (Document Number, if known)
Elocida
Deron R. Jus
(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 Taliahassee, Florida 32314