P06000010362

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Linky Ivalie)	
(December Mumber)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Office Use Only



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resignation

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COVER LETTER

ADVENTURE COVE MINIATURE GOLF, INC. (Name of Corporation) P06000010362 **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: JOSEPH N. ALEXANDER (Name of Person) POTTER, CLEMENT, LOWRY & DUNCAN (Name of Firm/Company) 308 EAST FIFTH AVENUE (Address) **MOUNT DORA, FLORIDA 32757** (City/State and Zip Code) For further information concerning this matter, please call: JOSEPH N. ALEXANDER (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 Mailing Address: **Amendment Section** Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations



, MONTANA MACE	, hereby resign as PRESIDENT	
-	(Title)	
ADVENTURE COVE MINIATURE (3OLF, INC	
(Name of Corp	poration)	
(Document Number, if known), a co	orporation organized under the laws of the State of	
FLORIDA		
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1.	- - 4	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314