

P06000089043

(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



100159764171

09/18/09--01040--009 **35.00

FILED

09 SEP 18 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

012 RUS
9/25/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Student Relations, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000089043

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

Please return all correspondence concerning this matter to the following:

Lewis Victor
(Name of Person)

Student Relations, Inc.
(Name of Firm/Company)

125 N. Congress Avenue STE 15-16
(Address)

Delray Beach, Florida 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

Lewis Victor at (561) 243-6250
(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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

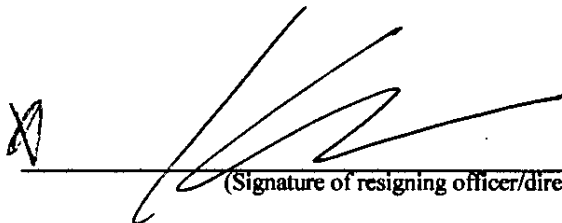
I, Karl Victor, hereby resign as President
(Title)

of Student Relations, Inc.
(Name of Corporation)

P06000089043, a corporation organized under the laws of the State
(Document Number, if known)

Florida

FILED
09 SEP 18 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


(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