

PO6000108611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

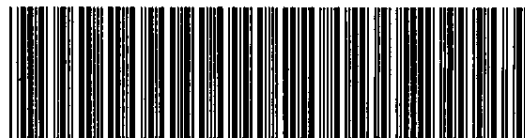
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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o/o Resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUMMIT HEIGHTS GROUP, INC
(Name of Corporation)

DOCUMENT NUMBER: P06000108611

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

Please return all correspondence concerning this matter to the following:

Lawrence J. Navarro

(Name of Person)

SUMMIT HEIGHTS GROUP, INC

(Name of Firm/Company)

8362 Pines Blvd. # 377

(Address)

Pembroke Pines, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence J. Navarro at 954 540-7308

(Name of Person)

(Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE
SECRETARY

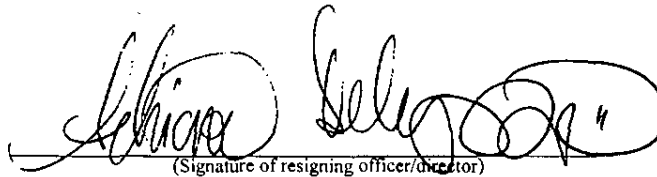
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Adriana DeLorenzo, hereby resign as CEO
(Title)

of SUMMIT HEIGHTS GROUP, INC
(Name of Corporation)

P06000108611, a corporation organized under the laws of the State of
(Document Number, if known)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA