

P07000024759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

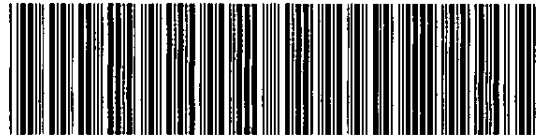
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off. Resign.

TB

2-9-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIVE TOWNS 1889 INC
(Name of Corporation)

DOCUMENT NUMBER: P 07000024759

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

Please return all correspondence concerning this matter to the following:

JEFF DORIA
(Name of Person)

FIVE TOWNS 1889 INC.
(Name of Firm/Company)

295 NE 5th AVE # 28
(Address)

DELRAY BEACH FL. 33483
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFF DORIA at (561) 302-1215
(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, Jeff Doria, hereby resign as President
(Title)

of FIVE TOWNS 1889 INC
(Name of Corporation)

P0700024759, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

[Signature]
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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