P07000024759

(Red	questor's Name)		
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(City	//State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: FIVE TOWNS 1889 INC. (Name of Corporation) DOCUMENT NUMBER: P\$ 700024759
(Name of Corporation)
DOCUMENT NUMBER: $T \not Q 7 Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q$
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RONALD DONIA
(Name of Person)
FIVE TOWNS 1889 INC. (Name of Firm/Company)
295 NE 5th Ave # 28 (Address)
(Address)
DECAPY BEACH FC. 33483 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Roward Don/A at (56/) 279-83/1 (Name of Person) (Area Code & Daytime Telephone Number)
(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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2009

RONALD DORIA 295 NE 5TH AVE #28 DELRAY BEACH, FL 33483

SUBJECT: FIVE TOWNS 1889 INC

Ref. Number: P07000024759

We have received your document for FIVE TOWNS 1889 INC. However, the document has not been filed and is being returned for the following:

The fee to resign as officer/director for a corporation is \$35 per person resigning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 109A00004527

RECEIVED A STATE SECRETARY OF STATE TALL AHASSEE. FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE, FLORIDA

(Title)

		<u> </u>		_	· · /	100
I,	KONALC	Dona	, hereby res	ign as	FO	·
			-		(Title)	
of	FIVE	TOWNS	1889	INC		
··	· · · · · · · · · · · · · · · · · · ·	(Name of Cor	poration)			
Pg	570000	24759, ac	orporation organi	ized under the law	s of the State of	
	(Document Number,	if known)				
	FIOLD'A					

(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