

PO7000024759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

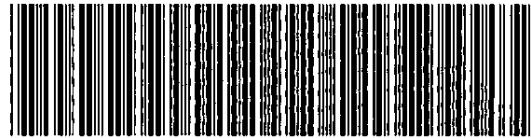
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900184938349

09/07/10--01026--012 \*\*35.00

FILED  
10 SEP -7 AM 7:22  
CLERK OF COURT

O/D

Resign.

9/9/10

D

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FIVE TOWNS 1889, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000024759

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

Please return all correspondence concerning this matter to the following:

David Hernandez  
(Name of Person)

MAS  
(Name of Firm/Company)

3000 N UNIVERSITY DR E  
(Address)

CORAL SPRINGS, FL 33065  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Hernandez at ( 954 ) 346-7288  
(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, Anthony Mattia, hereby resign as President  
(Title)

of FIVE TOWNS 1889 INC,  
(Name of Corporation)

P07000024759, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

Anthony Mattia  
(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

**FILED**  
**10 SEP - 7 AM 7:22**  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA