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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	•.
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: USBA USA TNC		
DOCUMENT NUMBER: POTO OF 90354		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please retrim all correspondence concerning this matter to the following:		
NEIL DIOLA (Name of Person)		
(Name of Person)		
USBA USA TNC- (Name of Firm/Company)		
(Name of Firm/Company)		
8706 MAPLE LAKE PLACE		
(Address)		
TAMPA, FL 33635		
(Chly/State and Zip Code)		
For further information concerning this matter, please call:		
NEIL DIOLA at (707), 688 106 5 (Nume: of Person) (Area Code & Daytime Telephone Number)		
(Nume 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

Range An II. 10 SULLIVAN NWA corporation organized under the laws of the State of

(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