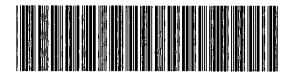
## P08000063598

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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JUL 1 1 2012 T. ROBERTS

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT. AFTER SCHOOL C	OTTAGE & SUMMER CAMP, INC
	(Name of Corporation) 000063598
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	ncerning this matter to the following:
ANDREA RICHARD	
(Name of Per	son)
AFTER SCHOOL COTTAGE 8	SUMMER CAMP
(Name of Firm/Co	ompany)
755 SCHOOLHOUSE ROAD	
(Address)	
LAKELAND FL 33813-2590	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
ANDREA RICHARD	at ( 863 ) 619-5405
(Name of Person)	at ( 863 ) 619-5405 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	le 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. THOMAS RICHARD	, hereby resign as TREASURER
	(Title)
of_ AFTER SCHOOL COTTAGE	<u> </u>
(Nam	e of Corporation)
P08000063598 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	······••
1	· /h/
<del></del>	(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