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My Die Resign

TALLAHASSEE, FLORIDA

\* Roberts AUG 2 5 2010

## **COVER LETTER**

Division of Corporations
BUBJECT: KIDZ VILLAGE HONTESSORI SCHOOL JUAY CARE  (Name of Corporation)  DOCUMENT NUMBER: POS 0000 49845
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SANDRA JOHNSTON (Name of Person)
(Name of Firm/Company)
4365 H UNIVERSITY DRIVE (Address)
SUNRISE TL 33351  (City/State and Zip Code)
For further information concerning this matter, please call:
SANDRA JOHNSTON at (954) 534 0833 (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

## OFFICER / DIRECTOR RESIGNATION 10 AUG 23 AM 9: N5 FOR A CORPORATION SECRETAR: GF STATE TALLAHASSEE, FLORIDA

I, _	HASSA	H ALGHAR	NAH , hereby r	esign as VICE	(Title)	esident	
of_	ki02	VILLAGE	MONTESSORI	SCHOOL !	PAd	CARECER	TER,
		(N	ame of Corporation)			-ta	\^ '
Pe	<del></del>	019846 Number, if known)	, a corporation orga	nized under the laws	of the Sta	ate of	ر مار ا
	<del>\$101</del>	RIDA	·				

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