

P09 0000057080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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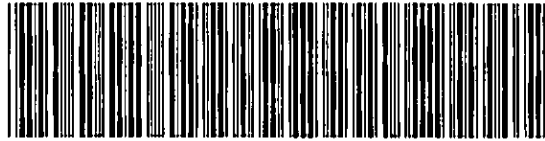
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE  
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CITA TRUST N.A., INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000057080  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

LARRY A CARR  
\_\_\_\_\_  
(Name of Person)

CITA TRUST N.A., INC.  
\_\_\_\_\_  
(Name of Firm/Company)

16502 N. DALE MABRY HWY  
\_\_\_\_\_  
(Address)

TAMPA, FL 33618  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY A CARR at ( 813 ) 269-8400  
\_\_\_\_\_  
(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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Scott A Windham, hereby resign as President  
(Title)

of CITA TRUST N.A., INC.  
(Name of Corporation)

P09000057080, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2020 MAR -2 PM 2:49

**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