

10000048248

(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



900250075369

07/29/13--01034--010 **35.00

FILED
13 JUL 29 AM 9:33
FBI - TAMPA
FBI/DOJ

OPRM
7/30/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Select Volleyball Camp, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P10000048248

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

Please return all correspondence concerning this matter to the following:

Charles J Albano

(Name of Person)

Miami Select Volleyball Camp, Inc.

(Name of Firm/Company)

10850 SW 136th St.

(Address)

Miami FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Forman

(Name of Person)

at (**305**) **775-4727**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

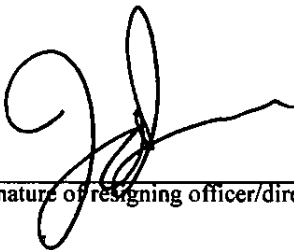
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jane Forman, hereby resign as Secretary
(Title)

of Miami Select Volleyball Camp, Inc.
(Name of Corporation)

P10000048248, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
13 JUL 29 AM 9:33
TALLAHASSEE, FLORIDA

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