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(Ro	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Concerned Chizers of Many and Station These (Name of Corporation) ASSOCIE ACTION (1900) DOCUMENT NUMBER: P 14000 8 5 9 3
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
More and Manager States Loten The Association, INC.
Wollo NW 46St (Address)
TAMARAC IT 33319 (City/State and Zip Code)
For further information concerning this matter, please call:
SANDRA MOSZELOS/LE at (954) 8/8-9/43/6 (Name of Person) (Area Code & Daytime Telephone Number)
(Alea-Code & Daytine 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 409 E. Gaines Street Tallahassee, FL 32399

SECRETARY OF A PART OF CHE

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

15 MAY 11 AM 9: 56

of Chance of Corporation organized under the laws of the State of (Document Number, if known)

Name of Corporation organized under the laws of the State of Color of Corporation organized under the laws of the State of Color of C

(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