

P94000059529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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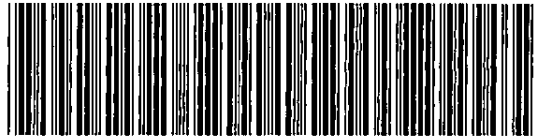
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

TB 11-17-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAMPUS MANAGEMENT CORP.
(Name of Corporation)

DOCUMENT NUMBER: P94000059529

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

Please return all correspondence concerning this matter to the following:

KATHY AMBROSE
(Name of Person)

CAMPUS MANAGEMENT CORP.
(Name of Firm/Company)

777 YANATO ROAD STE. 400
(Address)

BOCA RATON, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN H. NELSON at (561) 923-2508
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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**

FILED
2008 NOV 10 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, KAREN O'BYRNE, hereby resign as TREASURER
(Title)

of CAMPUS Management Corp.
(Name of Corporation)

P94000059529, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Karen O'Byrne
(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