(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

W. 23.09



000157084980

06/18/09--01011--019 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: Georgica Associates, Inc.
	(Name of Corporation)
DOC	CUMENT NUMBER: P95000019721
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to the following:
Daı	nette Tagliagambe
	(Name of Person)
Ge	orgica Associates, Inc.
	(Name of Firm/Company)
625	5 N. Flagler Drive, Suite 600
	(Address)
We	st Palm Beach, FL 33401
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Dan	(Name of Person) at (
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifto 2661	mdment Section sion of Corporations on Building Executive Center Circle chassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. Carolyn S. Sesco	, hereby resign as Treasurer & Secretary	
	(Title)	
of Georgica Associates, Inc.		
(Name	of Corporation)	
P95000019721 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Florida	_·	
Carolya	J. Sesco ignature of resigning officer/director) Table 100 Tabl	

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