N05000009805

(Re	equestor's Name)	-
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	-
(В	usiness Entity Name)	
, (D	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	
!		





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06/03/15--01006 -016 **35.00



JUN 1 0 2015 C MCNAIR

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: FRIENDS - SUPPORT INC. (Name of Corporation) DOCUMENT NUMBER: N0500009805			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing	g.		
Please return all correspondence concerning this matter to the following:			
To Whom It-May Concer (Name of Person)	7)		
For further information concerning this matter, please call:		15 JUN -3 AM 2:	Take to the second seco
Susan Swartz at (813,716-3920 (Name of Person) (Area Code & Daytime Telephone Number) 2029 Heartland Curcle, Valrico, FC 33594 Enclosed is a check for \$35.00 made payable to the Florida Department of State.	E E E E E E E E E E E E E E E E E E E	12	

Street Address: Amendment Section

Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

الله الله الله الله الله الله الله الله
1, Susan M. Swartz hereby resign as Secretary ?
of FICLENDS-DUPPORI INC.
(Name of Corporation)
N0500009805, a corporation organized under the laws of the State of (Document Number, if known)
FLORIDA as of May 19th, 2015 @10pm.
(Signature of resigning deficer/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