N140000 9600

| (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: | | | | |
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Office Use Only



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SECRETARY OF STATE TALL AHASSEE, FLORIDA

JAN 14 2015 T. CARTER

TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporations | | |
|-------------------------|---|--|---|
| SUBJ | JECT: Net-Play Tennis, Inc. | | |
| | | (Name of Corpor | ation) |
| DOC | UMENT NUMBER: N14000 | 009600 | |
| The e | enclosed Officer/Director Resign | nation for a Corporation | and fee are submitted for filing |
| Please | e return all correspondence con | cerning this matter to th | ne following: |
| Anth | ony Bronner | | |
| | (Name of Perso | on) | • |
| Net-l | Play Tennis, Inc. | | |
| | (Name of Firm/Cor | npany) | • |
| 2780 | E. Fowler Ave, Suite 23 | | |
| | (Address) | | • |
| Tam | pa, FL 33612 | | |
| | (City/State and Zip | Code) | • |
| For fi | urther information concerning t | his matter, please call: | |
| Eliza | abeth Bray | 347 | 251-1373 e & Daytime Telephone Number) |
| | (Name of Person) | (Area Cod | e & Daytime Telephone Number) |
| Enclo | osed is a check for \$35.00 made | payable to the Florida | Department of State. |
| Amer Divis P.O. I | ing Address: Indment Section It ion of Corporations Box 6327 hassee, FL 32314 | Street Address: Amendment Section Division of Corporatio 2661 Executive Center Tallahassee, FL 32301 | ns Circle |

TO:

FILED SECRETARY OF STATE OFFICER / DIRECTOR RESIGNATION TALL AHASSEE, FLORIDA FOR A CORPORATION

15 JAN 12 PM 3:54

| Elizabeth Bray | , hereby resign as | Secretary/COO |
|--|--|-----------------------------|
| | , notoby rosign as_ | (Title) |
| Net-Play Tennis, Inc. | | |
| * | (Name of Corporation) | |
| N1400009600 (Document Number, if known) | , a corporation organized und | er the laws of the State of |
| Florida | | |
| - | · | |
| | | |
| | | |
| | $\mathcal{O}_{\mathcal{O}}$ | |
| | PB | |
| | (Signature of resigning officer/director | or) |

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