

N18000003495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

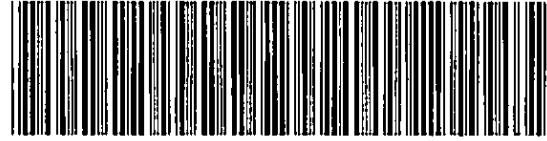
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
1411 AUGUST ST
TALLAHASSEE, FL

JAN 24 2022

D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Veterans of Weston Corp

(Name of Corporation)

DOCUMENT NUMBER: N18000003495

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Thomas M Kallman

(Name of Person)

N/A

(Name of Firm/Company)

PO Box 266736

(Address)

Weston FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Kallman at (954) 806-6350

(Name of Person) (Area Code & Daytime 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE FL


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, THOMAS M KALLMAN hereby resign as DIRECTOR
(Title)

of VETERANS OF WESTON CORP
(Name of Corporation)

N18000003495, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FL

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