

PI4000083817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

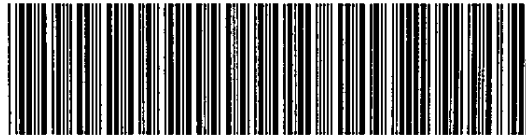
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

old Resignation SEP 14 2015

D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Turner Ace St. Augustine, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P14000083817

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

Please return all correspondence concerning this matter to the following:

Kyle Turner
(Name of Person)

Turner Ace St. Augustine, Inc.
(Name of Firm/Company)

13164 Atlantic Blvd
(Address)

Jacksonville, FL 32225
(City/State and Zip Code)

For further information concerning this matter, please call:

Mitchell Turner at (904) 294-2170
(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
2661 Executive Center Circle
Tallahassee, FL 32301

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15 SEP -11 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Kyle Turner, hereby resign as VP
(Title)

of Turner Ace St. Augustine, Inc.
(Name of Corporation)

P14000083817 a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Kyle Turner
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA