P15000041637

(Re	equestor's Name)		
(Ac	idress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Bı	usiness Entity Nam	ne)	
·	,		
(Document Number)			
rtified Copies	Certificates	of Status	
pecial Instructions to	Filing Officer:		
	-		

Office Use Only



900353334439

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: OLD CONCH INC (Name of Corporation) DOCUMENT NUMBER: P 15 0 00041 637
·
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brycelynne A. Borden, pres.
(Name of Firm/Company)
96311 Old Huy (Address)
Tavernier - 52 33070 (City/State and Zip Code)
For further information concerning this matter, please call:
B. Angel Borden at (305) 304-5130 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Street Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Blanca Sanche, hereby resign as Secretary	
of_	Old Conch Inc (Name of Corporation)	. •
P	1500041637, a corporation organized under the laws of the State of (Document Number, if known)	
	·	

Signature of resigning officer/ducctor)

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