

P19000048979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

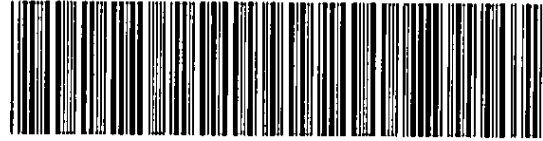
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Frameworkfl, Inc

(Name of Corporation)

DOCUMENT NUMBER: P19000048979

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

Cory Sands

(Name of Person)

Frameworkfl, Inc

(Name of Firm/Company)

7005 55th ST E

(Address)

Ellenton, FL 34222

(City/State and Zip Code)

For further information concerning this matter, please call:

Cory Sands at (941) 779-7903

(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

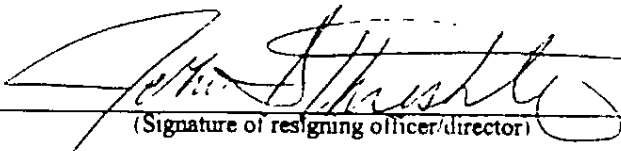
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, John Sthreshley, hereby resign as CFO (Title)

of FrameworkFL, Inc. (Name of Corporation)

P19000048979 (Document Number, if known) a corporation organized under the laws of the State of
Florida.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

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Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314