## 143199

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Dc	ocument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	lul
	axo ha	Coldway
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Office Use Only



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10- Things

## **COVER LETTER**

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FOR A CORPORATION

[Maria lownallow of hereby resign as VPAS (Title)

of Summer Green Corporation

(Name of Corporation)

(Document Number, if known)

(Signature of resigning officer/director)

OFFICER / DIRECTOR RESIGNATION

## 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