(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



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officer Resignation

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Stephen J Reves Inc (Name of Corporation)
DOCUMENT NUMBER: V 60 779
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Stephen J Reves (Name of Person)
Stephen J Reves Inc (Name of Firm/Company)
725 E Broadway (Address)
F1. Meade F1 33841 (City/State and Zip Code)
For further information concerning this matter, please call:
Stephen J Reves at (863) 285-8983 (Area Code & Daytime Telephone Number)

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE \_, a corporation organized under the laws of the State of

## **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