

PD1000055899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only




100110910701

10/29/07--01056--006 **35.00

7
—
—
7
7
U

07 OCT 29 PM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SMEJDA & ASSOCIATES, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P01000055899

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

Please return all correspondence concerning this matter to the following:

L. SMEJDA

(Name of Person)

SMEJDA & ASSOCIATES, P.A.

(Name of Firm/Company)

100 SE 2ND STREET, SUITE # 2222-B

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

L. SMEJDA

(Name of Person)

at (305) 3589995

(Area Code & Daytime Telephone Number)

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

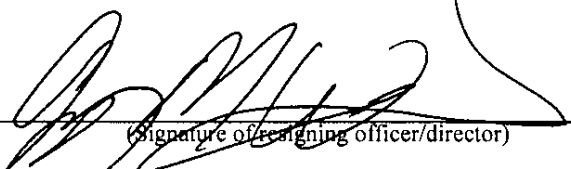
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GREGORY M. WEIGAND, hereby resign as VP & AS
(Title)

of SMEJDA & ASSOCIATES, P.A.
(Name of Corporation)

P01000055899, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
07 OCT 29 PM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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