

P12000025826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

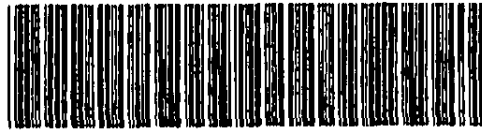
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700293883637

01/18/17--01017--003 **35.00

2017 FEB - 8 AM 9:20

FEB - 9 2017

C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wells Fargo Protective Services
(Name of Corporation)

DOCUMENT NUMBER: P 12000025826

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

Please return all correspondence concerning this matter to the following:

Judith Zand
(Name of Person)

Wells Fargo Prot. Services
(Name of Firm/Company)

633 NE 167th ST #1001
(Address)

North Miami Beach, FL 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

Judith Zand at (305) 770-0033
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

2011 FEB -8 AM 9:13

700293883637

RECEIVED
17 FEB -8 PM 1:49
CR25044 (33)
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FLORIDA
DEPARTMENT OF
STATE

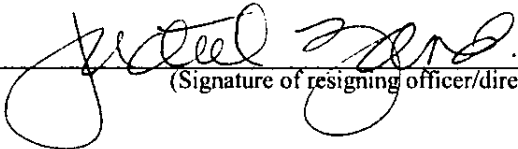
2017 FEB -8 AM 9:14

I, Judith A. Zand, hereby resign as Director
(Title)

of Wells Fargo Protective Services,
(Name of Corporation)

P12000025826, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

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