743682

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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02/27/17--01014--021

WENCHER OF JULY

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

						C. C.
CArlow	Ann E	Iton,	hereby resign as	s Treasu	(Title)	345
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74368	er. if known)	, a corporat	ion organized u	under the laws o	of the State of	
Florida		<u> </u>				

(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