

108312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

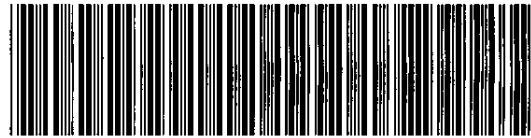
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

OCT 27 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DELOACH FURNITURE Co.
(Name of Corporation)

DOCUMENT NUMBER: 108312

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

Please return all correspondence concerning this matter to the following:

MICHAEL G. DELOACH
(Name of Person)

DELOACH FURNITURE Co.
(Name of Firm/Company)

420 BROAD ST.
(Address)

JACKSONVILLE, FL. 32202
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL DELOACH at (904) 354-4109
(Name of Person) (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**

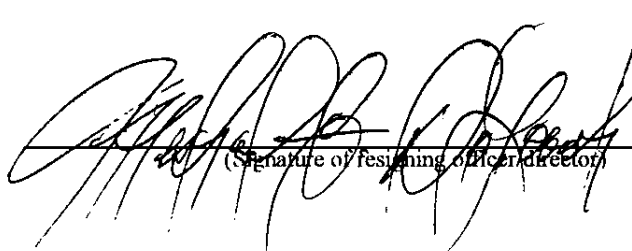
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MICHAEL G. DELOACH, hereby resign as PRESIDENT
(Title)

of DELOACH FURNITURE COMPANY,
(Name of Corporation)

108312 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