

192583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

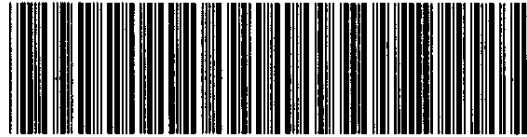
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200263956972

*Resignation
of officer*

09/10/14--01017--014 **35.00

FILED
214 SEP -8 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
9/10/14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Algonquin Inc.
(Name of Corporation)

DOCUMENT NUMBER: 192583

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

Please return all correspondence concerning this matter to the following:

Ruth E. Harris

(Name of Person)

Algonquin, Inc.

(Name of Firm/Company)

6816 Saint Marys Place

(Address)

Oklahoma City OK 73132-6819

(City/State and Zip Code)

For further information concerning this matter, please call:

Ruth E. Harris

(Name of Person)

at (405) 470-4352

(Area Code & Daytime Telephone Number)

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

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

RECEIVED
14 SEP - 8 PM 4:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
14 SEP -8 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CPTS

I, Mitchell L. Harris, hereby resign as _____
(Title)

of Algonquin Inc.
(Name of Corporation)

192583, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Mitchell L. Harris by Keith E. Harris Attorney-in-Fact
(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