

199 106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

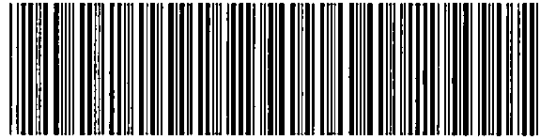
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL
FEB 11 2025



December 2, 2024

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

Re: Stenner Pump Company, Inc. –
Resignation
Document Number: 199106

Dear Sir or Madam:

Enclosed please find an Officer/Director Resignation for a Corporation for the above-referenced company, along with our firm's check in the amount of \$35.00 for filing fees.

Thank you for your prompt attention to this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink that reads "Kathleen Cold".

KATHLEEN HOLBROOK COLD

KHC/lz
Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STENNER PUMP COMPANY, INC.
(Name of Corporation)

DOCUMENT NUMBER: 199106

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

KATHLEEN COLD
(Name of Person)

LIPPES MATHIAS, LLP
(Name of Firm/Company)

10151 DEERWOOD PARK BLVD BLDG 300 STE 300
(Address)

JACKSONVILLE, FLORIDA 32256
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHLEEN COLD at (904) 265-5681
(Name of Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2024 DEC -9 AM 9:17

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KATHY COLD, hereby resign as DIRECTOR
(Title)

of STENNER PUMP COMPANY, INC.
(Name of Corporation)

199106, 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

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SECRETARY OF STATE
TALLAHASSEE, FL

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