

470069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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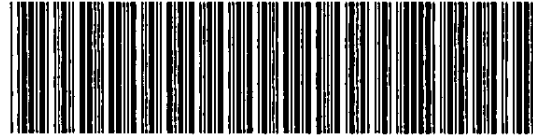
(Business Entity Name)

(Document Number)

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O/O Resign.
DC

12-6-12

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bostrom and Associates, Inc.

(Name of Corporation)

DOCUMENT NUMBER: 470069

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

Please return all correspondence concerning this matter to the following:

Eric Bostrom

(Name of Person)

Bostrom and Associates, Inc.

(Name of Firm/Company)

10305 289th St. E

(Address)

Myakka City, FL 34251

(City/State and Zip Code)

For further information concerning this matter, please call:

Eric Bostrom

(Name of Person)

at (941) 322-2487

(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
409 E. Gaines Street
Tallahassee, FL 32399

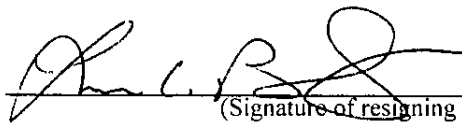
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Laurence C. Bostrom, hereby resign as Secretary-Treasurer
(Title)

of Bostrom and Associates, Inc.
(Name of Corporation)

470069, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

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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