

520213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

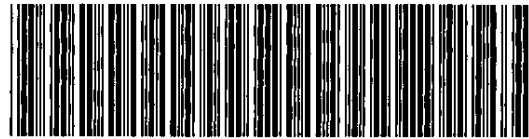
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL -7 AM 10:22

C. LEWIS

JUL 22 2014

EXAMINER

Offices of  
Artice L. McGraw, P.A.  
Attorney and Counselor at Law  
817 North Palafox Street  
Pensacola, Florida 32501-5681

Personal Injury  
Wrongful Death  
Trial Practice-General  
  
Admitted in Florida  
and Alabama

Telephone: (850) 438-4036  
Fax: (850) 438-2136

July 1, 2014

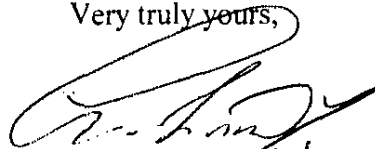
Florida Department of State  
Amendment Section  
PO Box 6327  
Tallahassee, FL 32314

RE: Tom-Ann-Buddy, Inc.

Dear Sir/Madam:

Enclosed please find Transmittal Letter along with Officer/Director Resignation.  
Enclosed also is my check in the amount of \$35.00.

Very truly yours,



ARTICE L. MCGRAW

ALMc/pf

Enclosures

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tom-Ann-Buddy, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 520213

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

Please return all correspondence concerning this matter to the following:

Artice L. McGraw, Esquire

(Name of Person)

Artice L. McGraw, P. A.

(Name of Firm/Company)

817 N. Palafox Street

(Address)

Pensacola, FL 32501

(City/State and Zip Code)

For further information concerning this matter, please call:

Patti Freeman

(Name of Person)

at ( 850 ) 438-4036

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

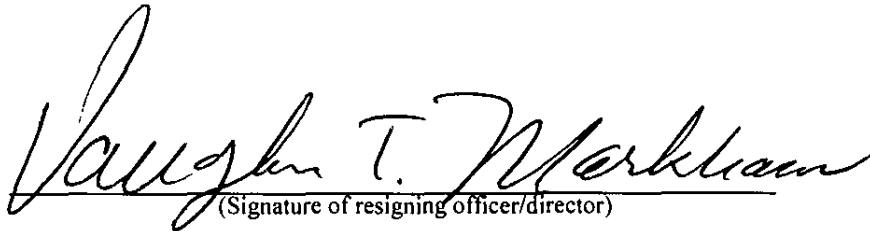
14 JUL -7 AM 10:22

I, Vaughn T. Markham, hereby resign as Director/Officer/Shareholder  
(Title)

of Tom-Ann-Buddy, Inc.  
(Name of Corporation)

520213, 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