

575 604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

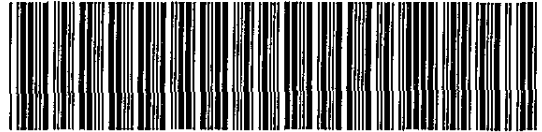
(Business Entity Name)

(Document Number)

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HARRISBURG, PENNSYLVANIA

575 604  
07/05/10  
12-16-03  
200025380962

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SEASONALL INC.  
(Name of Corporation)

DOCUMENT NUMBER: 575604

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

Please return all correspondence concerning this matter to the following:

G.T. WONEZ, II  
(Name of Person)

G.T. WONEZ & ASSOCIATES, PA  
(Name of Firm/Company)

900 INGRAHAM AVE  
(Address)

HAINES CITY FL 33844  
(City/State and Zip Code)

For further information concerning this matter, please call:

AUREA M. WONEZ at (863) 422-4861  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

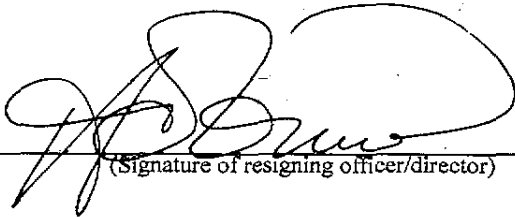
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ANDREA M. WONEZ, hereby resign as SECRETARY  
(Title)

of SEASONALL INC.  
(Name of Corporation)

575604, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
03 DEC 16 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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