# 728160

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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T. ROBERTS

DEPARTMENT OF STATE 12 OCT 17 AH 9: 57



## **COVER LETTER**

#### TO: Amendment Section **Division of Corporations**

# SUBJECT: TINY TOTS NURSERY INC

(Name of Corporation)

#### 728160 **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

JOHNNY SAILOR

(Name of Person)

TINY TOTS NURSERY INC

(Name of Firm/Company)

100 S MADISON ST

(Address)

**QUINCY, FL 32351** 

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (\_ (Area Code & Daytime Telephone Number)

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

đ

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

# **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION

| PATRICIA DAVIS              | , hereby resign as                                       |
|-----------------------------|--|
| •••                         | (Title)  |
| of_TINY TOTS NURSERY, INC   | <u>,</u>   |
| (Name o                     | f Corporation)   |
| 728160                      | , a corporation organized under the laws of the State of |
| (Document Number, if known) | · · · · · ·  |
| FLORIDA                     |  |
|                             |  |
|                             |  |
|                             |  |
| $\bigcap$                   |  |
| Anta.                       | is havin \$ 58   |
| _ / Mule                    | grature of resigning officer/director)                   |

(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