

746349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

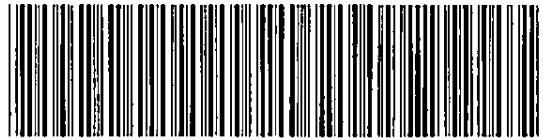
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200422976792

02/02/24--01015--013 **35.00

02/02/24 10:15 AM

MR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Woods of Port St John P.O.A.
(Name of Corporation)

DOCUMENT NUMBER: 746349

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

Please return all correspondence concerning this matter to the following:

CARRIE T. TREASY
(Name of Person)

(Name of Firm/Company)

6142 CORNING Rd
(Address)

Cocoa FL 32927
(City/State and Zip Code)

For further information concerning this matter, please call:

CARRIE T. TREASY at (321) 537-3328
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CARRIE T CREASY, hereby resign as Board Member
(Title)

of The Woods of Port St John POA
(Name of Corporation)

746349, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Carrie T Creasy
(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