7572	264
(Requestor's Name) (Address) (Address)	400300713574 <sup>,</sup>
(City/State/Zip/Phone #)	06./26/17 -01023030 **35.00
(Document Number)	S TALLENT JUL 0 3 2017
Certified Copies Certificates of Status	FILED My JUN 26 PH 1: 34 My Lesign My Lesign
Office Use Only	

## TRANSMITTAL LETTER

Amendment Section TO: **Division of Corporations** 

SUBJECT: INDIAN PINES CONTAINING ONE ASSOCIATION, INC. (Name of Corporation) 757264

## 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:

WILLIAM G. WILLIAMS (Name of Person)

(Name of Firm/Company)

1568 WellINGSHIRE ST. NE

CANTON, OHIO 44721 (City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM G. WILLIAMS at (<u>330</u>) 417-0577 (Name of Person) (Area Code & Davime 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 Tailahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** 2661 Executive Center Circle Tallahassee, FL 32301

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

I, WILLIAM G. WILLIAMS, hereby resign as PRESIDENT MACTOR (Title)

of <u>INDIAN PINES Conforming ONE ASSOCIATION INC</u> (Name of Corporation) 757264 (Document Number, if known). a corporation organized under the laws of the State of

FLORIDA

Will G. Willia (Signature of resigning officer/director)

JUN 26 PM 1: 34 FILED

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