## F03976

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
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FALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Millward	(Name of Corporation) (Name of Torporation)
DOCUMENT NUMBER:	039 16
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
ANGELA DICRESCENZO	
(Name of Perso	<u>n)</u>
QTA ASSOCIATES INC	
(Name of Firm/Con	npany)
665 SE 10TH STREET SUITE 2	01
(Address)	<del></del>
DEERFIELD BEACH, FLORIDA	33441
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
ANGELA DICRESCENZO	at ( 954 ) 571-4090 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
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

, RONALD DICRESCENZO	, hereby resign as_	SECRETARY/DIRECTOR	
*,		(Title)	
of MILLWARD AND COMPANY	, INC.		
	e of Corporation)	***************************************	
F03976 (Document Number, if known)	, a corporation organized un	der the laws of the State of	
FLORIDA			
	_		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail-to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314