## F05434

•		
, (Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



65/27/03--01043--008 \*\*35.00

SECRETAGES STATE

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Squirrel Point Utilities Co., Inc. (Name of Corporation)
DOCUMENT NUMBER: F05434
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andrea Pasco (Name of Person)
Squirre Point Utilities Co., Inc. (Name of Firm/Company)
15910 Chestnut Ln.
Tavares FL 32778 (City/State and Zip Code)
For further information concerning this matter, please call:
Andrea Pasco at (352) 253-1049 (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 Pas	co , hereby resign as Directo	r/Treasurer
of Squirrel	Rint Utilities Co., Inc. (Name of Corporation)	
F05434 (Document Number, if known	a corporation organized under the laws o	f the State of
Florida		03 SE TAL
	_	HAY 2 CRETAL LAHAS
	Andrea Pasco	SEE PLO
	(Signature of resigning officer/director)	- ORIDE

## 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