

F110000001155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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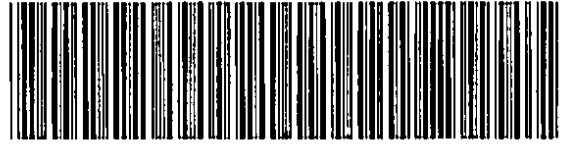
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPIN CITY ARCADE, INC.
(Name of Corporation)

DOCUMENT NUMBER: F1100000115J

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

Please return all correspondence concerning this matter to the following:

JOHN M. ARENSEN
(Name of Person)

C/O 425 2ND ST. SE, UNIT 900
(Name of Firm/Company)

(ARENSEN LAW OFFICE)
(Address)

CEDAR RAPIDS, IA 52401
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES ARENSEN, ESQ at (319) 431 2057
(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

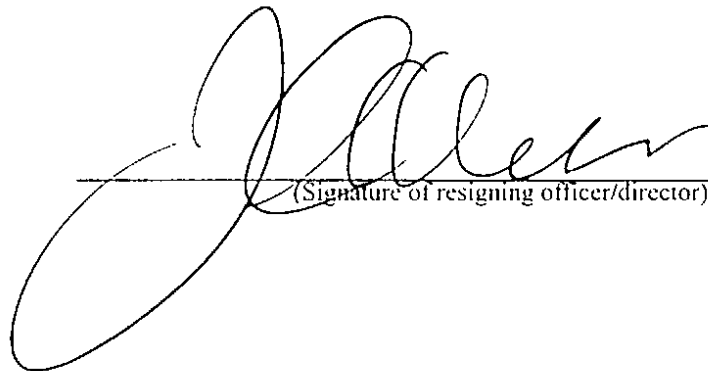
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOHN M. ARENSON, hereby resign as OFFICER / DIRECTOR
(Title)

of SPIN CITY ARCADE INC.
(Name of Corporation)

F11000001155, a corporation organized under the laws of the State of
(Document Number, if known)

IANA (FLORIDA FOREIGN)


(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

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ALC. SEC. FLORIDA