GU5577

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number))
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COVER LETTER

TO: Amendment Section Division of Corporations
Division of Corporations
SUBJECT: Robert F. Adoy FA (Name of Corporation) DOCUMENT NUMBER: 2611 - 1
DOCUMENT NUMBER: 2611 - 1
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Dr. Rebert Adey at (863) 294-7531 (Name of Person) at (863) 294-7531 (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

I,	Robert P. Adey hereby resign as Proceedent (Title)
	N.W.D.
of	(Name of Corporation)
4	(Document Number, if known), a corporation organized under the laws of the State of
	Flow 1 da
	(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