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## **COVER LETTER**

**ROBERT ADEY PA** SUBJECT: (Name of Corporation) **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: **ROBERT ADEY** (Name of Person) **ROBERT ADEY PA** (Name of Firm/Company) 1616 FIRST STREET S (Address) WINTEWR HAVEN, FL 33880 (City/State and Zip Code) For further information concerning this matter, please call: **ROBERT ADEY** (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:** Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,ROBERT ADEY	, hereby resign asTREASURER
	(Title)
of ROBERT P. ADEY, V.M.	D. P. A. of Corporation)
(Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	_
	-
_	
Rof	gnature of resigning of Meridirector)

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