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(Re	equestor's Name)	
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<u></u>	ty/State/Zip/Phon	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA





COVER LETTER

SUBJECT: THREE B'S Of Thomotosassa, Inc. (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:
SANDER L. MORRIS Butler / SANDER G. MORRIS
Personal Address (Name of Firm/Company)
10105 MAIN ST. (Address)
Thoroto SASSA 71. 33592. (City/State and Zip Code)
For further information concerning this matter, please call:
SANDER & MORRIS at (813) 986. 2632 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TO:

Amendment Section Division of Corporations

07 APR 26 PM 3: 08

OFFICER / DIRECTOR RESIGNATION OF STATE FOR A CORPORATION LAHASSEE. FLORIDA

1, Sandea b. Moeris	Buth hereby resign as	PRCS (Title)
of There B's of Name of	Thonotosassa (Corporation)	Abcz.
(Document Number, if known)	, a corporation organized under th	ne laws of the State of
Florida		

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