

K49826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

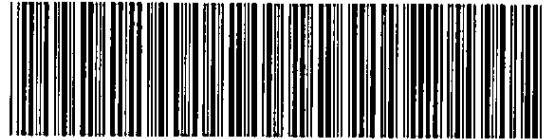
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLASS APPLIANCE CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: K 49826

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ANTHONY S. COOMAR
(Name of Person)

(Name of Firm/Company)

58 BISHOP CREEK DR
(Address)

SAFETY HARBOR, FL 34695
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY S. COOMAR at (727) 409-5619
(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

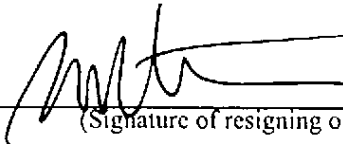
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANTHONY S. GOOMAR, hereby resign as OFFICER
(Title)

of CLASS APPLIANCE CENTER, INC.
(Name of Corporation)

K 49826, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 SEP 18 PM 3:29

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