M09574

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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06/03/19--01018--002 **35.00



O Kinsey

TRANSMITTAL LETTER

SUBJECT: Certify (Name of Corporation)

DOCUMENT NUMBER: 109574

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)

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

(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: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>Sv</u>	some Herr	10 CCC L hereby resign as	Secre (T	itle)	4
of	Centry A	ame of Corporation)			
	09574 ocument Number, if known)	, a corporation organized u	nder the laws of the	Srangel	MIT 6102
_ F	Florida			7 ₹30	
				ATT 9: 3	
		H	•	300	
		(Signature of resigning officer/dire	ctor)		

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