(Requestor's Name)			
(Address)	8002980		
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)	04/19/17018		
(Document Number)	<u>.</u>		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	OD Risign		

Office Use Only



58378/

021--007 **35.00

S. TALLENT APR 2 0 2017

TRANSMITTAL LETTER

TO:		nent Section of Corporation	ons			
SUBJ	ECT:	OCALA	HIGHLANDS	BASEBALL, INC.		
		(Name of Corporation)				
DOCU	U MENT	NUMBER:_	N 000000	0 1449		
The en	nclosed O	fficer/Directo	r Resignation for	a Corporation and fee are submitted for filing		
Please	return all	l corresponder	nce concerning th	is matter to the following:		
	٦.	T. THOM	As			
		(Name	of Person)			
	DCALA		S BASEBAU	, INC.		
	P. 0	O. Box 5	,			
	V-	(Ad	dress)			
	00	ALA FL.	34478			
 		•	and Zip Code)			
For fu	rther info	rmation conce	erning this matter,	please call:		
		THOMAS	a	t (352) 615-9116 (Area Code & Daytime Telephone Number)		
	!	(Name of Perso	on)	(Area Code & Daytime Telephone Number)		
Enclos	sed is a ch	eck for \$35.0	0 made payable to	o the Florida Department of State.		
Ameno Divisio P.O. B	ng Address dment Section of Corp fox 6327 assee, FL	ction porations	Division of 2661 Exe	Idress: ent Section of Corporations ocutive Center Circle ee, FL 32301		

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Jock M.	CLAUGHLIN	, hereby resign as VICE PRESIDENT (Title)
of	OCALA		BASEBACL, INC.
<u>N</u>	(Document Num	71449	_, a corporation organized under the laws of the State of
	FLORIDA		_·
			A A PART AND A PART AN
	-	Alla (S	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