N01000000195

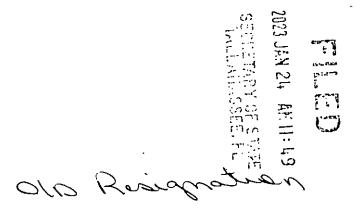
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



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TRANSMITTAL LETTER

| | (Name of Cor | poration) |
|---|---------------|---------------------------------------|
| DOCUMENT NUMBER: N01000000195 | | |
| The enclosed Officer/Director Resignation f | or a Corpora | tion and fee are submitted for filing |
| Please return all correspondence concerning | this matter t | o the following: |
| Darryl J. Tompkins, Esquire | | |
| (Name of Person) | | <u> </u> |
| Darryl J. Tompkins, P.A. | | |
| (Name of Firm/Company) | | |
| P. O. Box 519 | | |
| (Address) | | |
| | | |
| Alachua, FL 32616 | | |

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

(Name of Person)

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(Area Code & Daytime Telephone Number)

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| ganized under the laws of the State of |
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| ganized under the laws of the State of |
| ganized under the laws of the State of |
| genized under the laws of the State of |
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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 2023 JAN 24 AK 11:49