

NU2000003089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

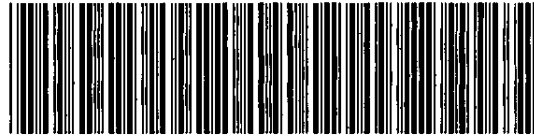
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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80/8/1/5
C/O

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PATHWAYS SERVICES
(Name of Corporation)

DOCUMENT NUMBER: NP2000003089

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

FAY ALSTON
(Name of Person)

PATHWAYS SERVICES
(Name of Firm/Company)

34444 S. HAINES CREEK RD.
(Address)

LEESBURG, FL. 34788
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID ALSTON at (321) 231-2659
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FAY ALSTON, hereby resign as DIRECTOR
(Title)

of PATHWAYS SERVICES, INC.
(Name of Corporation)

N02000003089, 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

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