

NO2000005847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Widening Adult Vital Experiences, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO200000 8847

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

Please return all correspondence concerning this matter to the following:

William J. DeAngelis  
(Name of Person)

Widening Adult Vital Experiences, Inc  
(Name of Firm/Company)

2348 Foxboro Way  
(Address)

Tallahassee, FL 32309  
(City/State and Zip Code)

For further information concerning this matter, please call:

William J. DeAngelis at ( 850 ) 894 2526  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

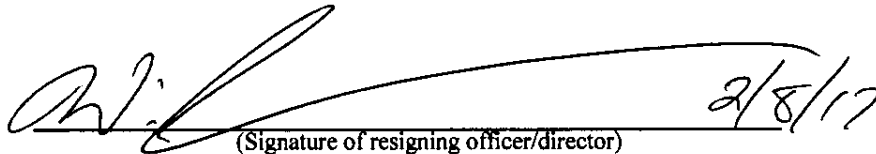
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, William Schack, hereby resign as Executive Director  
(Title)

of Widening Adult Vital Experiences, Inc.  
(Name of Corporation)

NO2000008847, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director) 2/8/17

**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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