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(Requestor's Name)

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(City/State/Zip/Phone #)

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☐ WAIT

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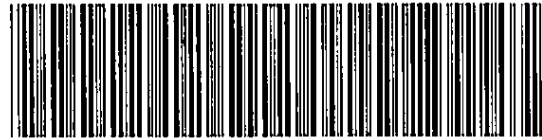
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CENTRAL FLORIDA FIELD TRIALERS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N02000009901

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

Please return all correspondence concerning this matter to the following:

SAM ASHMORE

(Name of Person)

GMHT CORP

(Name of Firm/Company)

13710 HAYNES RD

(Address)

DOVER, FL 33527

(City/State and Zip Code)

For further information concerning this matter, please call:

SAM ASHMORE at (813) 376-5544  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, TAMI ALVAREZ, hereby resign as SECRETARY  
(Title)

of CENTRAL FLORIDA FIELD TRIALERS, INC  
(Name of Corporation)

N02000009901, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Tami Alvarez 2-2-2021  
(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

FILED  
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2021