

NO3000007255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

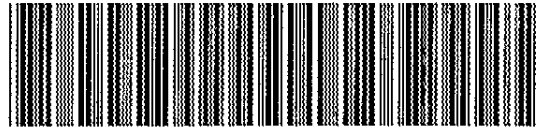
(Business Entity Name)

(Document Number)

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Ps 7/7/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Protectors of Putnam County's Water, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO3000007255

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

Please return all correspondence concerning this matter to the following:

Carol Marion
(Name of Person)

(Name of Firm/Company)

P.O. Box 267
(Address)

Lake Como, FL 32157
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Marion at (386) 649-9087
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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CLERK OF STATE
TALLAHASSEE, FLORIDA

I, Carol Marion, hereby resign as Secretary
(Title)

P.D.P. of Protectors of Putnam County's Water, Inc.
(Name of Corporation)

No 3000007255, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Carol A. Marion
(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