

N15000009484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

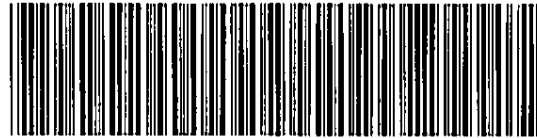
(Business Entity Name)

(Document Number)

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2020 OCT - 1 PM 4: 10

SECRETARY OF STATE  
TALLAHASSEE, FL

11/9/20

or

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE TEAM UP CENTER, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N05000009484  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Calvetta Phair  
\_\_\_\_\_  
(Name of Person)

THE TEAM UP CENTER, INC.  
\_\_\_\_\_  
(Name of Firm/Company)

P O BOX 162007  
\_\_\_\_\_  
(Address)

HOMESTEAD, FL 33116  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Calvetta Phair  
\_\_\_\_\_  
(Name of Person) at ( 305 ) 240-8117  
(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**

**FILED**

2020 OCT -1 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FL

I, Calvetta Phair, hereby resign as Director  
(Title)

of THE TEAM UP CENTER, INC.  
(Name of Corporation)

N05000009484, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

*Calvetta Phair*

(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