## NO6284

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
L							

Office Use Only



000341987210

U3/23/20--01009--033 \*\*35.00

SUPPLIED OF STATE OF

11612C

## TRANSMITTAL LETTER

SUBJECT:	Joe's	Suburk	pan (lub,	INC			
DOCUMENT	F NUMBER:	(Name of 0 N 062	Corporation)				
The enclosed	Officer/Director Re	signation for a Corpo	oration and fee are submitte	ed for filing.			
,	•	concerning this matte Johnst	_				
	(Name of Firm)  3 (2-0 ve (Address	Company)  Arcade D	) <u>-</u>				
River	City/State and	- ム 335 Zip Code)	-69				
For further inf	formation concernit	ng this matter, please	call:				
Willi	(Name of Person)	s ton at ( 8	13 486 9 = a Code & Daytime Telephon	230 OC e Number)	Jest N	odland 813.95	7-4852

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

CR2E044 (05/13)

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of Joe's Suburban (10b. INC

(Name of Corporation)

NO6284

(Document Number, if known)

FLOTICIA

(Signature of realigning 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

2020 MAR 23 PM