N07000004804

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(Address)		
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only

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SECRETARY OF STATE

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: PROMOTE MADIS	ON COUNTY, INC.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: NOT	700004804
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
William Rayner	
(Name of Per	rson)
PROMOTE MADISON COUNT	TY, INC.
(Name of Firm/C	ompany)
141 NORTHEAST RANGE AV	'ENUE
(Address))
Madison, Florida 32340	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
William Rayner	at (850) 222-1100 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



PROMOTE MADISON COUNTY, INC. (Name of Corporation) N07000004804 (Document Number, if known) Florida (Signature of resigning officer/director)	CINDY POIRE	, hereby resign as President	
(Name of Corporation) N0700004804 (Document Number, if known) Florida Civily Paul (Name of Corporation) A corporation organized under the laws of the State	· · · · · · · · · · · · · · · · · · ·	(Title)	
N0700004804 (Document Number, if known) Florida Civily Paue	Ji		
(Document Number, if known) Florida Civily Pare'	(Na	me of Corporation)	
(Document Number, if known) Florida Civily Paue'	N07000004804	, a corporation organized under the laws of the State of	
Circly Pouce	(Document Number, if known)		
(Signature of resigning officer/director)	Florida		
(Signature of resigning officer/director)			
(Signature of resigning officer/director)			
(Signature of resigning officer/director)		ŧ	
(Signature of rsigning officer/director)		Cia Paus	
		(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