## N07000005163

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

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April September

06/08/11--01015--001 \*\*35.00



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## **COVER LETTER**

Division of Corporations
SUBJECT: Oue Father's Business Corporation (Name of Corporation)
DOCUMENT NUMBER: NO 700005163
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Betty Watson (Name of Person)
Our Father's Business Cop, (Name of Firm/Company)
1280 MW 173 Varr (Address)
Mi Ami FL 33/69 (City/State and Zip Code)
For further information concerning this matter, please call:
Be 444 Watson at (305) 621-9286 (Name of Person) at (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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

I, <u>Betty Watson</u> , hereby resign as_	Treasurer (Title)
of Our Father's Business Corporation	mation,
	ler the laws of the State of
Florida.	
Setty Watson (Signature of resigning officer/director)	TALLAHASSEE, FLORIDA

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