

NO80000007284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*Resignation of
Officer*

01/25/16--01022--021 **157.50

FILED
16 JAN 25 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016
A. RAMSEY

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

16 JAN 25 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Roxanne Glass, hereby resign as Secretary
(Title)

of Imagine PTO, Inc.
(Name of Corporation)

NO80000007284, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Roxanne Glass
(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