

N08000007440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

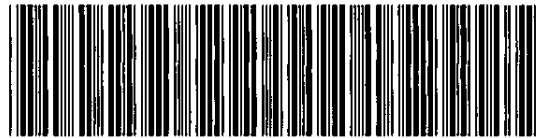
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

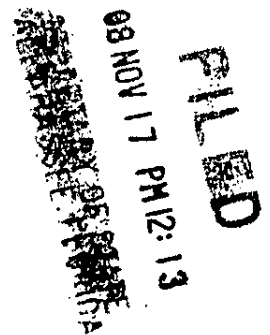
Special Instructions to Filing Officer:

Office Use Only



600137838936

11/17/08--01008--004 **35.00



O/D Resign.

11/24/08

dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arlington Country Day School P.T.O., Inc.
(Name of Corporation)

DOCUMENT NUMBER: N08000007440

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria Rimmer

(Name of Person)

(Name of Firm/Company)

3686 Ariel Ct

(Address)

Jacksonville, Florida 32277

(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria Rimmer

(Name of Person)

at (904) 745-3768

(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, Victoria Rimmer, hereby resign as President
(Title)

of Arlington Country Day School P.T.O., Inc.,
(Name of Corporation)

N08000007440, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Victoria N Rimmer
(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

FILED
NOV 17 PM 12:13