

N120000010888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT 16 PM 2:19

OD/Res
@ 10.28.14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stable Place
(Name of Corporation)

DOCUMENT NUMBER: N 12 6000 10 888

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

Please return all correspondence concerning this matter to the following:

Valerie Judd
(Name of Person)

Stable Place
(Name of Firm/Company)

PO Box 30334
(Address)

Tallahassee FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Judd at (954) 606 2630
(Name of Person) (Area Code & Daytime Telephone Number)

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
2661 Executive Center Circle
Tallahassee, FL 32301

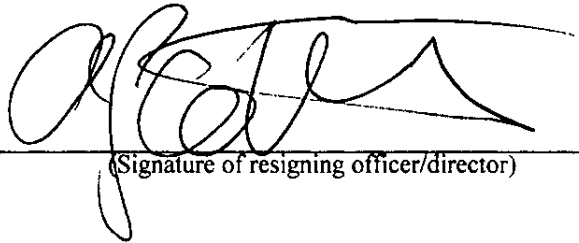
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Olivia Schlapfer Colner, hereby resign as Board member
(Title)

of Stable Place, INC.
(Name of Corporation)

N12000610888, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

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