114000001077

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALL AHASSEE, FLORID

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TRANSMITTAL LETTER

Division of Corporations Removal from Director Position (Name of Corporation) N17000001077 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sandra M. Groover (Name of Person) Winding Waters, Inc. (Name of Firm/Company) 3221 Winding Way (Address) Palm City, FL 34990 (City/State and Zip Code) For further information concerning this matter, please call: Sandra M. Groover Area Code & Daytime Telephone Number) (Name of Person)

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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{ı,} Sandra M. Groove	, nereby resign as
_{of} Winding Waters, Ir	(Title)
	ne of Corporation)
N14000001077 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	,

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE TALLAHASSEE, FLORIDA

