

N11400000010216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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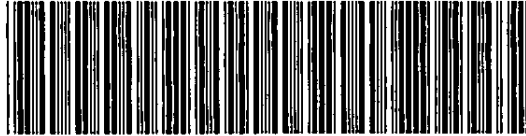
(Business Entity Name)

(Document Number)

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I ALBRITTON

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: USPTA-FL  
(Name of Corporation)

DOCUMENT NUMBER: N 140 000 10 216

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

Please return all correspondence concerning this matter to the following:

PAUL KIERNAN  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

288 BLVD DES PINES  
(Address)

ST. AUGUSTINE, FL 32080  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL KIERNAN at ( 904 ) 471-6809  
(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, PAUL KERNAN, hereby resign as DIRECTOR  
(Title)

of USPTA-FL  
(Name of Corporation)

N140 000 10216, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Paul Kernan  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
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