## MILLOCCC 11253

(Re	questor's Name)	
(Ad	dress)	
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	y/State/Zip/Phon	
(Cit	y/State/Zip/Phon	<del>c #)</del>
PICK-UP	WAIT	MAIL
(D.,	oinean Entity No.	
(Bu	siness Entity Nar	пе)
<u></u>	cument Number)	<del></del>
(50	coment Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		43

Office Use Only

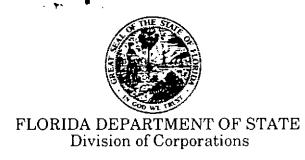


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March 18, 2020

WALTER STRICKLAND 650 EDGEWOOD AVENUE WEST JACKSONVILLE, FL 32241

SUBJECT: FLORIDA UNITY ROUNDUP INC

Ref. Number: N14000011253

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00005888

Querida R Moore Regulatory Specialist II

00

## TRANSMITTAL LETTER

Florida Unity Roundup SUBJECT: (Name of Corporation) DOCUMENT NUMBER: N14000011253 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Walter Strickland (Name of Person) Florida Unity Roundup (Name of Firm/Company) 650 Edgewood Ave West (Address) Jacksonville FL 32208 (City/State and Zip Code) For further information concerning this matter, please call: Walter Strickland (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:** Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Evonne Allen	Secretary , hereby resign as
7	, ficiosy tosign us(Title)
Florida unity Roundup IV	
<u></u>	(Name of Corporation)
N14000011253	, a corporation organized under the laws of the State of
(Document Number, if kno	wn)
Florida	
- ,	
( 20	the aller
	(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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