

N16000 001 304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 JAN -2 PM 2:00

R. WHITE
JAN 13 2020

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

RIDGELAND PROVIDER SERVICES, INC.

SUBJECT: _____
(Name of Corporation)

N16000001304

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:

KRISTYN JOSEPHS

(Name of Person)

NONE

(Name of Firm/Company)

1208 E KENNEDY BLVD UNIT 714

(Address)

TAMPA, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTYN JOSEPHS

813

280-0786

(Name of Person)

at (_____) _____

(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**

KRISTYN JOSEPHS

TITLE D


I, _____, hereby resign as _____
(Title)

RIDGELAND PROVIDER SERVICES, INC.

of _____
(Name of Corporation)

N16000001304

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



(Signature of resigning officer/director)

2019 JUN -2 PM 2:00

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