

2160000002449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

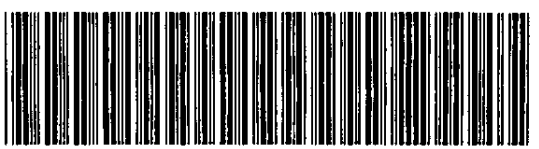
(Business Entity Name)

(Document Number)

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OCT 18 2016

R. WHITE

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STOCKPORT, ILL
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bay County LEO Wives Inc.
(Name of Corporation)

DOCUMENT NUMBER: 116000002449

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

Please return all correspondence concerning this matter to the following:

Crystal S. Higgins
(Name of Person)

Bay County LEO Wives
(Name of Firm/Company)

1745 Vecuna Circle
(Address)

PCB, FL 32407
(City/State and Zip Code)

For further information concerning this matter, please call:

Crystal S. Higgins at (850) 691-3125
(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

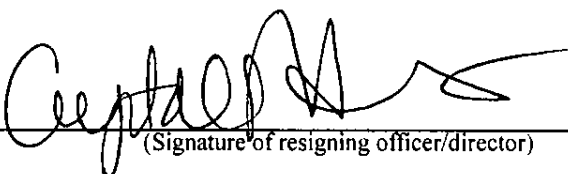
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Crystal S. Higgins, hereby resign as Secretary
(Title)

of Bay County LEO Wives
(Name of Corporation)

NI0000002449, 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

FILED
16 OCT 17 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA