

N16000006341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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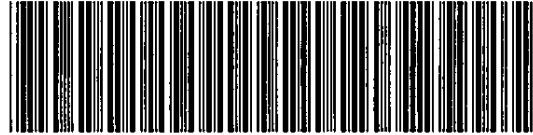
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

12/6/16

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stroke Doctor Aquatic Foundation Inc
(Name of Corporation)

DOCUMENT NUMBER: N16000006341

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

Please return all correspondence concerning this matter to the following:

Michael Styduhar
(Name of Person)

(Name of Firm/Company)

2128 Fox Tail Ct.
(Address)

St. Augustine, FL 32092
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Styduhar at (501) 412-7639
(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, Michael R. Styduhar, hereby resign as Officer/Director
(Title)

of Stroke Doctor Aquatic Foundation, Inc.
(Name of Corporation)

NI6000006341, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Michael Styduhar
(Signature of resigning officer/director)

FILED
2018 DEC -5 PM 2:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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