N16 000007495

(Re	questor's Name)			
,	,			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	≥ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(0)	ocument Number)			
(DC	cument Number)			
Certified Copies	Certificates	of Status		
	_			
Special Instructions to Filing Officer:				
	_			
		1		





500342150175

03/16/20--01041--016 **35.00

SECRETARY OF STATE BY JIVISION OF CORPORATE BY



TRANSMITTAL LETTER

ΓO: Amendment Section Division of Corporations		
Main Street Blountstown Officer I	_	
	(Name of Corporation)	
DOCUMENT NUMBER: Main Street Blo	untstown	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing	
Please return all correspondence concerni	ing this matter to the following:	
Jami Daniels Joe		
(Name of Person)		
Main Street Blountstown		
(Name of Firm/Company	v)	
1411 Litton Ave.		
(Address)		
Nashville, TN 37216		
(City/State and Zip Code	2)	
For further information concerning this n	natter, please call:	
Jami Daniels Joe	850 451-0255	
(Name of Person)	at () (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	able 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	
Tallahassee FL 32314 2415 N. Monroe Street St		

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Jami Daniels Joe		President		
1,		, hereby resign as(fitle)		
^	_		, ,	
Main Street Blountstown	Lnc.			
of	(Name of Corpor	ation)		 ·
Document Number, if k	<u>H95</u> , a corp	poration organized under the	e laws of the State of	
Florida				_ (.)
	 ·		2620 FIAN N	a√S.
			표 음	100 A
			<u> </u>	TARY OF CO
			7	
	1		Ċ	٠
	(Signature o	of resigning officer/director)		<u>ာ</u>

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