N17000009549

(Re	equestor's Name)	,
(Ad	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phor	ne #)
		MAIL
- (Bu	isiness Entity Na	me)
(Dc	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	<u>.</u> ,	
	Office Use O	nlv

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TRANSMITTAL LETTER

Amendment Section TO: Division of Corporations

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SUBJECT: Suncoast Business Network Inc

(Name of Corporation)

DOCUMENT NUMBER: N17000009549

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

Please return all correspondence concerning this matter to the following:

Jonathan Jones DC

(Name of Person)

(Name of Firm/Company)

1962 Main St, Ste 100

(Address)

Sarasota, FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Jones DC

(Name of Person)

993-2891 rea Code & Davtime 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

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Jonathan Jones DC hereby resign as Treasurer (Tide) of Suncoast Business Network Inc (Name of Corporation) N17000009549 (Document Number, if known) Florida

ugnature of resigning officer/director)

FILING FEE IS \$35.00

FEB 13 PM 2: 15

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314