

N1800000 8896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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20 JAN 24 AM 10:32

STUDY LAWYER STAFF
FALL 2019 SEP 11 10:00A



JAN 28 2020

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jacksonville Showtime Basketball

(Name of Corporation)

DOCUMENT NUMBER: N18000008896

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

Please return all correspondence concerning this matter to the following:

Kim Butler

(Name of Person)

Jacksonville Showtime Basketball

(Name of Firm/Company)

6500 Lake Gray Blvd # 1106

(Address)

Jacksonville, FL 32244

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Butler 904 626-3714

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Kim Butler, hereby resign as Secretary
(Title)

Jacksonville Showtime Basketball
of _____
(Name of Corporation)

N18000008896, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Kim Butler 1-27-2020
(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

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STATE DEPT OF CORP
TALLAHASSEE, FLORIDA