

N18000010131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

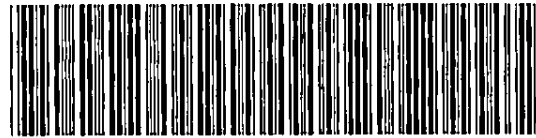
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/09/18--01017--010 **35.00

2018 NOV -9 PM 3:03

TRANSMITTAL LETTER

2018 NOV -9 PM 3:03

TO: Amendment Section
Division of Corporations

SUBJECT: The Equity Council Corporation
(Name of Corporation)

DOCUMENT NUMBER: N18000010131

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

Please return all correspondence concerning this matter to the following:

Nigisti HiSmith
(Name of Person)

(Name of Firm/Company)

PO Box 2284
(Address)

Orlando, FL 32802
(City/State and Zip Code)

For further information concerning this matter, please call:

Nigisti HiSmith at (813) 785-8141
(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**

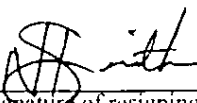
FD-501 (Rev. 5-1-81)

I, Nigisti HiSmith, hereby resign as Secretary
(Title)

of The Equity Council Corporation
(Name of Corporation)

N18000020231, 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