

N18000012441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

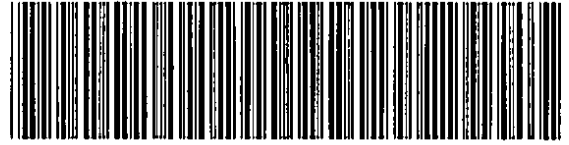
(Business Entity Name)

(Document Number)

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STATE OF MASSACHUSETTS  
SECRETARY OF STATE

OLD Resignation

JAN 15 2019

D CUSHING

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Widowmites of Florida Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N18000012441

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

Please return all correspondence concerning this matter to the following:

Randi Karpinia

(Name of Person)

(Name of Firm/Company)

121 Lucina Drive

(Address)

Hypoluxo, FL 33462

(City/State and Zip Code)

For further information concerning this matter, please call:

Randi Karpinia

(Name of Person)

at ( 561 ) 808-3461

(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

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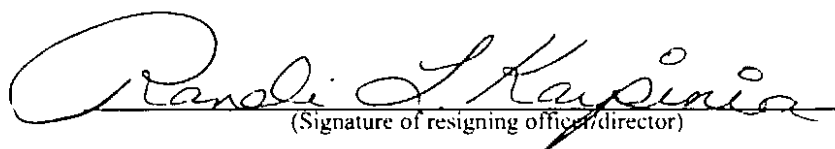
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Randi Karpinia, hereby resign as Director  
(Title)

of The Widowmites of Florida Inc  
(Name of Corporation)

N18000012441, 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

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DIVISION OF CORPORATIONS