

N19 0000008317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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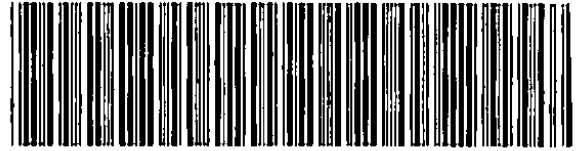
(Business Entity Name)

(Document Number)

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OLD-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pablo Island Cultural and Educational Center -
(Name of Corporation)

DOCUMENT NUMBER: N19000008317

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

Please return all correspondence concerning this matter to the following:

Kurt W. Lynch
(Name of Person)

(Name of Firm/Company)

1400 Mayport Rd
(Address)

Atlantic Beach FL 32233
(City/State and Zip Code)

For further information concerning this matter, please call:

Kurt Lynch at (904) 207-8368
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Joanne L. Nash, hereby resign as CEO
(Title)

of Pablo Island Cultural and Educational Center Inc.
(Name of Corporation)

N19000008317, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Joanne L. Nash
(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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