

N20 00000 1597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

JG 10/14/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AA Group of Crawfordville

(Name of Corporation)

DOCUMENT NUMBER: N20000001597

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

Please return all correspondence concerning this matter to the following:

Robert Rapp

(Name of Person)

AA Group of Crawfordville

(Name of Firm/Company)

54 Ochlockonee St (PO Box 1647)

(Address)

Crawfordville, FL 32327

(City/State and Zip Code)

For further information concerning this matter, please call:

Bob Rapp _____ at (817) 2968744
(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

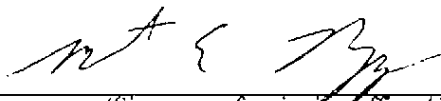
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert E Rapp, hereby resign as Treasurer
(Title)

of AA Group of Crawfordville
(Name of Corporation)

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

N20000001597 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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