

N20000002290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

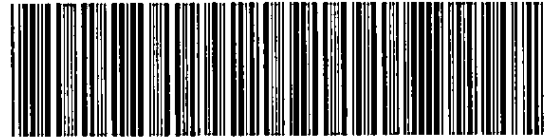
(Business Entity Name)

(Document Number)

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CH.  
5/4/2021

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

Gracie's Place and Farm, Inc.

**SUBJECT:** \_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N20000002290 \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Patricia M. Danyus

\_\_\_\_\_  
(Name of Person)

Gracie's Place and Farm, Inc.

\_\_\_\_\_  
(Name of Firm/Company)

9 Claridge Court North

\_\_\_\_\_  
(Address)

Palm Coast, FL 32137

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia M. Danyus

(908) 303-5565

\_\_\_\_\_  
(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**

Jordan Cronk Secretary  
I, \_\_\_\_\_, hereby resign as \_\_\_\_\_  
(Title)

Gracie's Place and Farm, Incorporated  
of \_\_\_\_\_  
(Name of Corporation)

N20000002290

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

  
\_\_\_\_\_  
(Signature of resigning officer/director)

2/29/20

FILED  
2021 MAR -9 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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