

N21000013099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

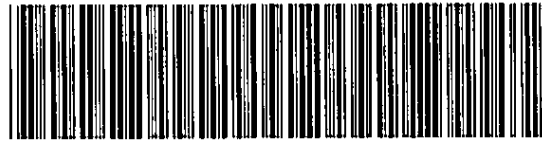
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUPPORT OUR SCHOOLS, USA INC

SUBJECT: _____
(Name of Corporation)
N21000013099

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

LISA SCHURR

(Name of Person)

SUPPORT OUR SCHOOLS, USA INC

(Name of Firm/Company)

622 SIESTA DRIVE

(Address)

SARASOTA, FLORIDA, 34242-1050

(City/State and Zip Code)

For further information concerning this matter, please call:

LISA SCHURR

941

740-8155

(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**

JULIETTE SCHOLLES

DIRECTOR AND CHIEF EXEC. OFFICER

I, _____, hereby resign as _____
(Title)

SUPPORT OUR SCHOOLS, USA INC

of _____,
(Name of Corporation)

N21000013099

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

FLORIDA



(Signature of resigning officer/director)

FILED
2022 APR -4 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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