N23000012463

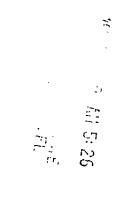
(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300425597053

03/13/24--01005--008 **35.00





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: South Brooksville TRAC CORPORATION	_
DOCUMENT NUMBER: N2300012463	_
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fil	ing.
Please return all correspondence concerning this matter to the following:	
Angeline W. Philanders (Name of Person)	
South Brooksville TRAC CORPORATION	~
10107 Sunburst Pt.	
Spring Hill, FL 34608 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (352) 200 - 9962 (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

ANGELINE W PHILANDERS I,	TREASURER, hereby resign as
· · · · · · · · · · · · · · · · · · ·	(Title)
SOUTH BROOKSVILLE TRAC CORP	
	of Corporation)
N 23-000012463	_, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	·:'
	_• -•
	Ç.
	COLUMN CO
QW (S	Philander ignature of resigning officer/director) 3/5/2 4

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