

N35262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

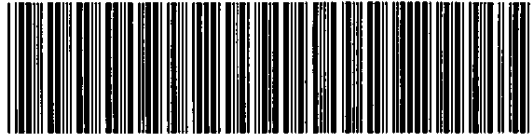
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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010 Resignation

JUL 08 2016

D. CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CROOM'S INC
(Name of Corporation)

DOCUMENT NUMBER: N35262

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 L. DAVIS
(Name of Person)

(Name of Firm/Company)

P. O. BOX 242
(Address)

APALACHICOLA, FL 32329
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT L. DAVIS at **850 653-5089**
(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
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

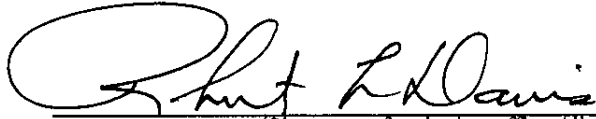
I, ROBERT L. DAVIS, hereby resign as CHAIRMAN effective 12/05/2015 *
(Title)

of CROOM'S, INC.,
(Name of Corporation)

N35262, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

* The same day that I was released as an employee
by John Q Croom, President, who acted as Sole authority.


(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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