## 21 44 (Requestor's Name) (Address) 700251251577 (Address) (City/State/Zip/Phone #) PICK-UP 03/16/13--01032--030 \*\*35.00 WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status \_ 聖 を 5 Special Instructions to Filing Officer: UID Design. 9/25/13 Office Use Only

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: (Name of Corporation) 2 40 DOCUMENT NUMBER: 10

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

Please return all correspondence concerning this matter to the following:

(Name of Firm/Company)

Q

For further information concerning this matter, please call:

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 Taltahassee, FL 32314

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION

Siector, , hereby resign as 🔍 1, JCPC of

, a corporation organized under the laws of the State of

錋

σ

Т,

**1**2 15

(Name of Corporation)

umber, if known)

ocument

(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