N49246

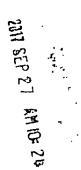
(Re	questor's Name)	· · · · ·		
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100303811481

09/27/17--01008 -007 **35.00



SEP 28 2017

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: FIRBER! SOC (Name of Corporation)

DOCUMENT NUMBER: 1924(6)

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 Person)

(Name of Firm/Company)

54 PULLE RO

JERT DICHEY -FE 34668

(City/State) and Zip Code)

For further information concerning this matter, please call:

MIFRY ANN ORASM at (727) 859-9734 (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, Ft. 32314 Street Address:

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301 OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

			and the second
I	CHRISTINE 41	/ <u>AS/1/11</u> hereby resign as_	TRESIDENTA,
of_	HARBER TOINTE		(11110)
	(Document Number, if known)	a corporation organized und	ler the laws of the State of
	TEUNISH	·	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314