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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #))
<u></u>	_	_
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Cussial luckurations to	- Filing Officer	
Special instructions to Filing Officer:		
		

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TOWN AND COUN	(Name of Corporation)
DOCUMENT NUMBER: N93	• /
	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
DAVID DUDASH	
(Name of Per	rson)
(Name of Firm/C	ompany)
7417 OAK VISTA CIRCLE	
(Address)	
TAMPA FL 33634	
.(City/State and Z	ip Code)
For further information concerning	this matter, please call:
PAUL VAN STEENBERGEN	at (813) 727 3759 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION SEP 21 PM 2: 11

FOR A CORPORATION

ALCALARI OF STATE

OF TOWN And Chut Connection

(Name of Corporation)

a corporation organized under the laws of the State of

(Document Number, if known)

FILING FEE IS \$35.00

gnature 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