

N94 000004217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

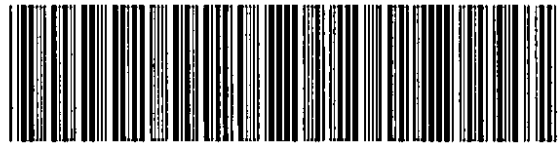
(Business Entity Name)

(Document Number)

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JUN 09 2020

2020 MAY 18 PM 4:59

OLD-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

Logos University

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: N94000004217 _____

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

Please return all correspondence concerning this matter to the following:

Ron Johnson

(Name of Person)

Logos University

(Name of Firm/Company)

7901 Baymeadows Way, Suite 8

(Address)

Jacksonville, FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Ron Johnson

407

920-9934

(Name of Person) at (_____) _____
(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**

Misty Grant President
I, _____, hereby resign as _____
(Title)

Logos University, INC
of _____
(Name of Corporation)

N94000004217
_____, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)

2020 MAY 18 PM 4:59

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