N96000002941

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

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12/01/20--01019--012 **35.00

7977 DEC. -1 PH 4: 15

Ju Resign

J. ..

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: (Numa of Compa	-
(Name of Corpo	ration)
DOCUMENT NUMBER: N96000002941	
The enclosed Officer/Director Resignation for a Corporatio	n and fee are submitted for filing
Please return all correspondence concerning this matter to t	he following:
LESLIE KAY DRURY	
(Name of Person)	-
(Name of Firm/Company)	-
15839 MELLEN LANE	
(Address)	-
JUPITER, FL. 33478	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
LESLIE KAY DRURY 561	271-1272) de & Daytime Telephone Number)
(Name of Person) (Area Cod	le & 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

LESLIE KAY DRURY	PRESIDENT , hereby resign as
.,	(Title)
JUPITERFARMS HORSEN	MEN'S ASSOCIATION, INC.
<u> </u>	(Name of Corporation)
N96000002941	, a corporation organized under the laws of the State of
(Document Number, if	known)
FLORIDA	
	 ·

(Signature of resigning officer/director)

FILING FEE 1S \$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