N9600004522

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	·············
(City	y/State/Zip/Phone	· #)
		_
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	7-87-8-11-11-1
Certified Copies	Certificates	of Status
Special Instructions to I	Filina Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Project STAND, Inc. (Name of Corporation)
DOCUMENT NUMBER: N9400004522
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Zoldak (Name of Person)
Project STAND, Inc. (Name of Firm/Company)
Po Box 3] (Address)
Estero, FL 33928 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Zoldak at (239, 707-0822 (Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

		; , 3
1. Robert Zold	ak hereby resign as Director (Title)	, K
of Project	STAND, Inc.	
N9600001522 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		

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