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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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TRANSMITTAL LETTER

| Divis | ion of Corporations | | |
|-----------------|-------------------------|------------------------|---------------------------------------|
| SUBJECT: | Resignation of officer | Mullarkey Inc | |
| 5000.011_ | | (Name of Corp | poration) |
| DOCUMEN | T NUMBER: P00000018 | 3777 | |
| The enclosed | Officer/Director Resign | nation for a Corporat | ion and fee are submitted for filing. |
| Please return | all correspondence con- | cerning this matter to | the following: |
| Starla Mullarke | y | | |
| | (Name of Perso | on) | |
| Mullarkey Inc | | | |
| | (Name of Firm/Con | npany) | _ |
| 18115 Deep Pa | ssage Lane | | |
| | (Address) | | |
| Ft Myers Beach | i, FL 33931 | | |
| | (City/State and Zip | Code) | |
| For further in | formation concerning th | his matter, please cal | l: |
| Starla Mullarke | у | 239 | 415-1427 |

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

(Name of Person)

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Area Code & Daytime Telephone Number)

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Director of Operations , hereby resign as | | |
|--|---------------------------------------|--|
| | (Title) | |
| | | |
| ame of Corporation) | · · · · · · · · · · · · · · · · · · · | |
| , a corporation organized under the laws | of the State of | |
| <u>.</u> | | |
| (Signature of resigning officer/director) | 2022 J'' -8 | |
| | ame of Corporation) | |

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