## P00000044508

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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## TRANSMITTAL LETTER

SUBJECT: Freele Flame Taverns
(Name of Corporation)

DOCUMENT NUMBER: POOOC 44508

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

Please return all correspondence concerning this matter to the following:

Chrissanhiols
(Name of Person)

Heele Flame Taverna
(Name of Firm/Company)

Too Dr. Phillips Blvd Sley
(Address)

Orlando Flame Tode
(Address)

Orlando Flame Tode
(Address)

Torein Tode
(Address)

Orlando Flame Tode
(Address)

Orlando Flame Tode
(Address)

Orlando Flame Tode
(Address)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:** 

Amendment Section

409 E. Gaines Street

Tallahassee, FL 32399

**Division of Corporations** 

Tallahassee, FL 32314

Division of Corporations

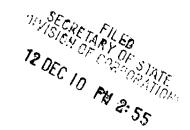
Mailing Address:

P.O. Box 6327

Amendment Section

TO:

Amendment Section Division of Corporations



## OFFICER / DIRECTOR RESIGNATION FOR A 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