

P000000044638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

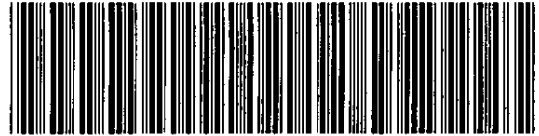
(Business Entity Name)

(Document Number)

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*Resignation  
to Officer*

07/24/09--01011--005 \*\*35.00

2009 JUL 24 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*NR  
7/28/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** James Kirk Enterprises, Inc. d/b/a Citrus Ridge Dairy Queen  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000044638

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

Please return all correspondence concerning this matter to the following:

Mary E. Moore

(Name of Person)

James Kirk Enterprises Inc.(Citrus Ridge D. Queen)

(Name of Firm/Company)

3321 Queens Cove Loop

(Address)

Winter Haven, FL 33880

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary E. Moore

(Name of Person)

at ( 863 ) 291-4861

(Area Code & Daytime Telephone Number)

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER/DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Mary E. Moore, hereby resign as a Director, Vice President, Secretary and any other officer position of JAMES KIRK ENTERPRISE, INC., a Florida corporation (Document Number: P00000044638).

Mary E. Moore  
Mary E. Moore

Dated: 7/20/09

**STATE OF FLORIDA  
COUNTY OF POLK**

The foregoing Notice of Resignation was acknowledged before me on this 20<sup>th</sup> day of July, 2009, by Mary E. Moore:

- ☐ who is personally known to me; or  
☒ who produced a driver's license issued by the Florida Department of Highway Safety and Motor Vehicles as identification; or  
☐ who produced the following identification:

(Affix Notary Seal)

Signature:

[Signature]  
NOTARY PUBLIC, State of Florida at Large

Typed Name:

My Commission Expires:  
My Commission No.:

