T00000048170

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ie)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
		ļ
L		

Office Use Only



700042421897

11/12/04--01012--010 **35.00





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Adams Law Firm, P.A. (Name of Corporation)
DOCUMENT NUMBER: P00000048170
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Tarquin J. Adams
(Name of Person)
(Name of Firm/Company)
1510 E. Colonial Drive, Suite 307
(Address)
Orlando, FL 32803
(City/State and Zip Code)
For further information concerning this matter, please call:
Tarquin J. Adams at (407) 228-8828
Tarquin J. Adams at (407) 228-8828 (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

I, Tarquin J. Adams	, hereby resign as	
~,	(Title)	
of_ The Adams Law Firm, P.A.		
(Nan	ne of Corporation)	
P00000048170	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida	.	
	(Signature of resigning officer/director) ALCARETAR SECRETAR AND 12	
	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