

PD1000035250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

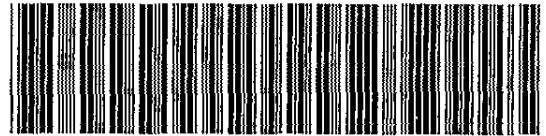
(Business Entity Name)

(Document Number)

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*7/7/03 RESIGNED
MAD 7/10*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL -2 PM 3:03

FILED

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Consolidate Resources of Jacksonville
(Name of Corporation)

DOCUMENT NUMBER: 201000035250

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

Please return all correspondence concerning this matter to the following:

Jill Strauss

(Name of Person)

Consolidated Resources of Jacksonville 1/2 Main Street Seaford
(Name of Firm/Company)

6827 N. main st.
(Address)

Jacksonville FL 32208
(City/State and Zip Code)

For further information concerning this matter, please call: please keep private

Jill Strauss at (904) 388-6607 OR 629-1192
(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, Jill Strauss, hereby resign as _____

(Title)

~~Officer~~
Director

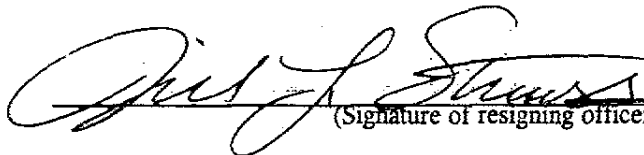
of Consolidated Resources of Jacksonville, Inc.
(Name of Corporation)

PO1000035250

(Document Number, if known)

, a corporation organized under the laws of the State of

Florida


(Signature of resigning officer/director)

RECEIVED
TALLAHASSEE, FLORIDA

03 JUL -2 PM 3:03

FILED

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