P01000055647

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
(B)	usiness Entity Name)	
b 22.		•
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

SUBJECT: Devilonments of Marion INC (Name of Composition)
DOCUMENT NUMBER: POLOGOUSS 647
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Peder Juhnsen (Name of Person)
(Name of Person)
Name of Firm/Company)
3056 5, W 415+ Lane (Address)
OCa / G EL 34474 (City/State and Zip Code)
For further information concerning this matter, please call:
Pedu Juhnsen at (352) 266-1241 (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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Peder Johnson	, hereby resign as_	V-P	
		(Title)	
of Developments of	Marion, TAKE	······································	
/ (Na	the or Corporations		
Pologossiy7	, a corporation organized und	er the laws of the State of	
Florida			
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•	(Signature of resigning officer/directo	04 DEC 20	-
		Ass	
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		FLS	7
	FILING FEE IS \$35.00	PHIZ: 36 PHIZ: 36 PRIZ: 36	Ī

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314