

PO1000074325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

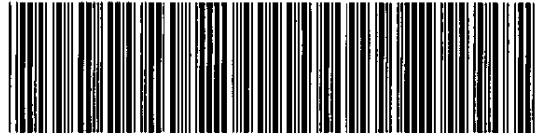
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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Woodruff & Company, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO1000074325

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

Please return all correspondence concerning this matter to the following:

Randy Woodruff  
(Name of Person)

Woodruff & Company, PA  
(Name of Firm/Company)

801 S. Broad St.  
(Address)

Brooksville, FL 34601  
(City/State and Zip Code)

For further information concerning this matter, please call:

Randy Woodruff at (352) 796-3224  
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

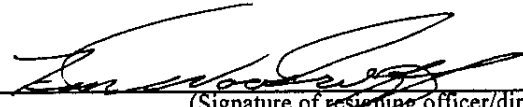
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DIVISION OF CORPORATIONS  
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I, KEN Woodruff, hereby resign as V. P. / Sec.  
(Title)

of Woodruff & Company, P.A.  
(Name of Corporation)

P01000074325, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

 6-15-09  
(Signature of resigning officer/director)

**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