

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(3.1)/ 3.10.10 2.7		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
· ———		
Special Instructions to Filing Officer:		
J DENNIS		
JUL 21 2023		
JUL & Z		

Office Use Only



800409032078

05/19/23--01013--001 **35.00

2023 MAY 19 AH 10: 56

SCURETARY OF STATE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: First Friends PreSchool Inc (Name of Corporation) DOCUMENT NUMBER: PO 1000076438
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Thease return an correspondence concerning this matter to the ronowing.
Michael Richard Caldarelli (Name of Person)
First Friends PreSchool (Name of Firm/Company)
2961 Landover Blud. (Address)
Spring Hill F1 34608 (City/State and Zip Code)
For further information concerning this matter, please call:
Diane Caldarelli at 352 650-1505 (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Michael Caldarelli	. hereby resign as <u>CFO</u>
	(Title)
of First Friends Presch (Name of Corpora	ncol Inc
PO 1 0000 76438 a corp. (Document Number, if known)	oration organized under the laws of the State of
Florida.	
method Cold	vall'
(Signature o	f 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

SCORETARY OF STATE