Po 1000082764

(Req	uestor's Name)				
(Address)					
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(City)	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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Certified Coples	Certificate	s of Status			
Special Instructions to Fi	iling Officer:				

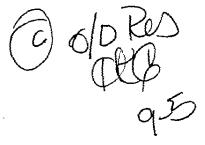
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SECRETARISE FLORIDA



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SOUTHEAST SPRAY Equipment, Inc. (Name of Corporation)
DOCUMENT NUMBER: P 01 0000 82764
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GARY KEARNS (Name of Person)
Southerst Spray Equipment, Inc. (Name of Firm/Company)
1266 S.W. Biltmore St. SteA. (Address)
PORT St. Lucie, F2 34983 (City/State and Zip Code)
For further information concerning this matter, please call:
Gary Kearens at (772) 878-6876 (Name of Person) at (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 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ц <u>Richard</u>	Casey	, hereby resign as_	Vice 1	President (Title)	-
of Soury	CAST SDAY (Name of Co	Equipment,	Inc.		ı
PØ1ØØØ (Document Nun	82.764 ,a c	corporation organized un	der the laws o	of the State of	
FLORIDA	7				
-	Richard (Signati	ure of resigning officer/direc	tor)	D3 AUG 29 PH 4. C.	

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