

PD1000090491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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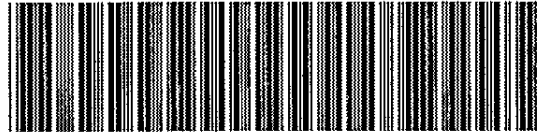
(Business Entity Name)

(Document Number)

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08/24/06--01049--003 **25.00

09/07/06--01001--016 **10.00

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06 SEP -6 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corrected
name of
corp.

(SP)

SP
OLD Res.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harrison Rivard Zimmerman & Bennett, CHTD.
(Name of Corporation)

DOCUMENT NUMBER: P01000090491

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

Please return all correspondence concerning this matter to the following:

William G. Harrison, Jr.
(Name of Person)

Harrison Rivard & Bennett, CHTD.
(Name of Firm/Company)

101 Harrison Avenue
(Address)

Panama City, FL 32401
(City/State and Zip Code)

For further information concerning this matter, please call:

William G. Harrison, Jr. at (850) 769-7714
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2006

WILLIAM G. HARRISON, JR.
HARRISON, RIVARD, ZIMMERMAN & BENNETT
101 HARRISON AVENUE
PANAMA CITY, FL 32401

SUBJECT: HARRISON RIVARD BENNETT, CHARTERED
Ref. Number: P01000090491

We have received your document for HARRISON RIVARD BENNETT, CHARTERED and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You submitted the wrong form. The person wishing to resign must complete the corporation officer/director resignation form. Instead of the attached resignation of member, managing member or manager form for a limited liability company.

Please note the filing fee is \$35.00, there is a balance of \$10.00 due when the corrected document is returned.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 706A00053005

RECEIVED

06 SEP -6 AM 8:00

DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Nevin J. Zimmerman, hereby resign as Secretary/Director
(Title)

of Harrison Rivara, Zimmerman & Bennett, Chartered,
(Name of Corporation)

PO1000090491 name changed 8/24/06 to
(Document Number, if known) a corporation organized under the laws of the State of Harrison
Florida Rivard Bennett,
Chartered

Nevin J. Zimmerman
(Signature of resigning officer/director)

FILED
06 SEP -6 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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