PO1000114437

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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AND FILED

T. LEWNEUX

TRANSMITTAL LETTER

Colley Financial Services, Inc. (Name of Corporation) DOCUMENT NUMBER: P01000114437 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susan L Colley (Name of Person) Colley Financial Services, Inc. (Name of Firm/Company) 505 W Interlake Blvd (Address) Lake Placid, FL 33852 (City/State and Zip Code) For further information concerning this matter, please call: Susan Colley (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Amendment Section

Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I,} Frances A. Colley	, hereby resign as(Title)	
of_ Colley Financial So	ervices, Inc.	
P01000114437 (Document Number, if known)	of Corporation) _, a corporation organized under the laws of the State of	
<u>Florida</u>	_·	
Thank	ignature of resigning officer/director)	
F	TLING FEE IS \$35.00	APPROVED AND FILED

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

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