P02000055432

(Re	equestor's Name)	,
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/01

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	JECT: Owens and Owens (Name of Corporation)
DOC	UMENT NUMBER: Po 20000 5 5 432
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
	Shawna M. Owens (Name of Person)
	Owens and Owens, Inc (Name of Firm/Company)
	901 W. Warren Aug. (Address)
	hongwood, 72 32750 (City/State and Zip Code)
For fu	orther information concerning this matter, please call:
	De bra Dube at (401) 834 - 0860 (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address: Idment Section Idm

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Snawra M. Owens, hereby resign as Presid	ent Title)	_
of Owens and Owens, Inc (Name of Corporation)		_,
P020000 55432 a corporation organized under the laws of the (Document Number, if known)	ne State of	
- Florida		
	TALLA SECIO	
(Signature of resigning officer/director)	DE JAN 29 SECRILIARY ALLAHASSE	FIL
	AM 10: 50 OF STATE E, FLORIDA	ΕD
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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