

P020000062822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

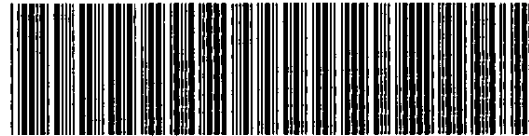
(Business Entity Name)

(Document Number)

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500182314775

*Resignation
of officer*

07/06/10--01007--004 **35.00

2010 JUL -6 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*802
7/8/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APPRAISAL PROFESSIONALS, INC
(Name of Corporation)

DOCUMENT NUMBER: P02000062822

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

Please return all correspondence concerning this matter to the following:

BRIAN AMMONS
(Name of Person)

APPRAISAL PROFESSIONALS OF NW FL, INC
(Name of Firm/Company)

1315 W GARDEN STREET
(Address)

PENSACOLA, FL 32502
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN AMMONS at (850) 232-8701
(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

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2010 JUL -6 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BRIAN E. AMMONS, hereby resign as DIRECTOR
(Title)

of APPRAISAL PROFESSIONALS, INC
(Name of Corporation)

P02000062822, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of 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