

PO2000080363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

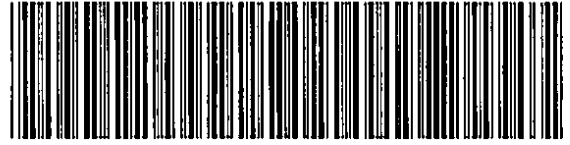
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200317402592

08/23/18--01016--018 **35.00

FILED
18 AUG 23 PM 3:27
S. YOUNG
TALLAHASSEE, FLORIDA

AUG 24 2018
S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Henderson-Schimpf, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000080363

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

Please return all correspondence concerning this matter to the following:

Peter J. Schimpf
(Name of Person)

(Name of Firm/Company)

2014 Edgewater Dr. Suite 127
(Address)

Orlando, FL 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter J. Schimpf at (407) 461-7811
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Peter J. Schimpf, hereby resign as Director
(Title)

of Henderson-Schimpf, Inc.
(Name of Corporation)

P02000080363 a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Peter J. Schimpf
(Signature of resigning officer/director)

FILED
18 AUG 23 PM 3:27
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