

PD 20000087661

(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



500242282935

12/21/12--01011--023 \*\*35.00

*MT/ PD Resp*

FILED  
12 DEC 21 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 26 2012  
T. ROBERTS

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PROVENCE EQUASTADAN CENTER INC  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

JOSEPH H CASSESE  
(Name of Person)

PROVENCE EQUASTADAN CENTER INC  
(Name of Firm/Company)

PO BOX 368437  
(Address)

BONITA SPRING FL 34136  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOE CASSESE at ( 239 ) 289-5041  
(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

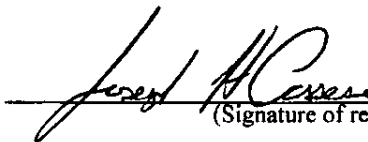
**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Joseph H Cassese, hereby resign as V Pres / Secretary  
(Title)

of PROVENCE EQUESTRIAN CENTER, INC.  
(Name of Corporation)

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

  
(Signature of resigning officer/director)

FILED  
12 DEC 21 PM 4:21  
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