

PO2 000124511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

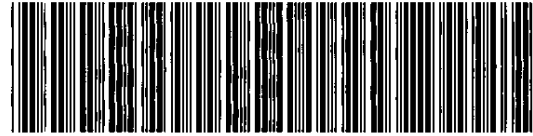
(Business Entity Name)

(Document Number)

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O/D Resign.  
08/30/10  
Dc

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Seavy & Associates Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000124511

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

Please return all correspondence concerning this matter to the following:

Jim Seavy  
(Name of Person)

Seavy & Associates, Inc.  
(Name of Firm/Company)

2608 S. 86<sup>th</sup> St, Suite B  
(Address)

TAMPA FL 33619  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Seavy at ( 813 ) 363 0863  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Paul Seavy, hereby resign as Vice President  
(Title)

of Seavy & Associates, Inc.  
(Name of Corporation)

P02000124511, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

Paul Seavy  
(Signature of resigning officer/director)

FILED  
10 AUG 27 AM 7:49  
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