P03000011342

| (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: | | | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporations | |
|--------------------------|---|---|
| SUBJ | ECT: Var | n Buskirk, Ryffel and Associates, Inc (Name of Corporation) |
| DOC | UMENT NUMBER: PO | 3000011342 |
| The er | nclosed Officer/Director Resig | mation for a Corporation and fee are submitted for filing. |
| Please | return all correspondence cor | ncerning this matter to the following: |
| _ | Carleton Ryffel (Name of Perso | on) |
| Vai | n Buskirk, Ryffel a (Name of Firm/Co | nd Associates, Inc. mpany) |
| 100 |) Estero Blvd Sui (Address) | t.e 434 |
| <u>Fo</u> 1 | rt Myers Beach, FL (City/State and Zig | 33931 Code) |
| For fu | rther information concerning | this matter, please call: |
| (| Carleton Ryffel (Name of Person) | at (239) 463-3929 (Area Code & Daytime Telephone Number) |
| Enclo | sed is a check for \$35.00 made | e payable to the Florida Department of State. |
| Amen Divisi P.O. E | ng Address: dment Section on of Corporations 30x 6327 assee, FL 32314 | Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| of Van Buskirk, Ryffel and Associates, Inc. (Name of Corporation) | r |
|--|------|
| (Name of Corporation) | |
| (Document Number, if known) Florida | _, |
| | |
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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