

PO3000016964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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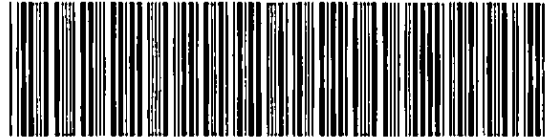
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Pressure Pro of Jacksonville, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P03000016964

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

Please return all correspondence concerning this matter to the following:

Beth Kelley  
(Name of Person)

Pressure Pro of Jacksonville, Inc.  
(Name of Firm/Company)

P.O. Box 23664

(Address)

Jacksonville, FL 32241-3664

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott J. Kelley at (904) 880-3047  
(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, Beth Kelley, hereby resign as VPO  
(Title)

of Pressure Pro of Jacksonville, Inc.  
(Name of Corporation)

PO3000016964, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Beth Kelley  
(Signature of resigning officer/director)

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2019 MAR 11 PM 12:08

**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