P03000035300

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200//200 27.11.7)
(Document Number)
Certified Copies Certificates of Status
[
Special Instructions to Filing Officer:

Office Use Only



100266026221

11/04/14--01004--007 **35.00

14 NOV -4 PH 12: 48

84:21 HA 5- AOM

NOV 1 9 2014 T. CARTER

OID Resign

TRANSMITTAL LETTER

SUBJECT: PITCH INC (Name of Corporation)
DOCUMENT NUMBER: POSOOOSTSOO
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEPHEN SUMMERS (Name of Person)
(Name of Firm/Company)
8818 LAGOON ST (Address)
TAMPA J-L 33 L14 (City/State and Zip Code)
For further information concerning this matter, please call:
Amy Summers at (917) 344-9741 (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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LAMY S	LMMEKS	, hereby resign a	\mathcal{G}_{i}	re s	,
		•		(Title)	,
of \mathcal{O}_i	TCH TICL		٠ .		• .
	(Name of Cor	poration)	•		,
Go 30000 (Document Num	3 (3 o o) a c	orporation organized	under the	laws of the St	ate of
· FLORID.					•
	gramma and the	•		• •	

ing officer/director)

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, Elorida 32314