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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEF, FI ORIO

COVER LETTER

Division of Corporations
SUBJECT: Big Lake God of Fort Pierce, And (Name of Corporation) DOCUMENT NUMBER: EIN# 32-0075107
DOCUMENT NUMBER: EIN# 32-0075107
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephanie L. Baker (Name of Person)
Big Lake Sod of FORT Prence
3625 Pleasant acres Rd. (Address)
FORT PICTCE, FL 34982 (City/State and Zip Code)
For further information concerning this matter, please call:
Stephanie L. Baker at (772 201-4547 (Area Code & Daytime Telephone Number)
(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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of Big Lake Sad of Fat Pierce, Anc.

(Name of Corporation)

EINH 320075107, a corporation organized under the laws of the State of (Document Number, if known)

Florida

ALLIANASSEE, FLORA

(Fignature of resigning edicardirector)

(Fignature of resigning edicardirector)

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