

PD30000072807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

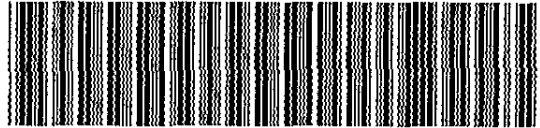
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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Business Horizon  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

May Myint-Caldwell  
\_\_\_\_\_  
(Name of Person)

Business Horizon  
\_\_\_\_\_  
(Name of Firm/Company)

4492 Southside Blvd. Suite 102b  
\_\_\_\_\_  
(Address)

Jacksonville, Florida 32216  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gloira Butler at ( 904 ) 514-1334  
\_\_\_\_\_  
(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

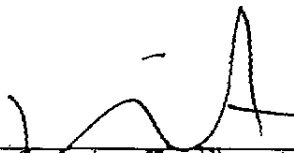
**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, May Myint-Caldwell, hereby resign as Manager  
(Title)

of Business Horizon  
(Name of Corporation)

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

  
(Signature of resigning 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, Florida 32314

STATE  
TALLAHASSEE, FLORIDA

03 JUL 25 AM 10:46

**FILED**