

P03000081016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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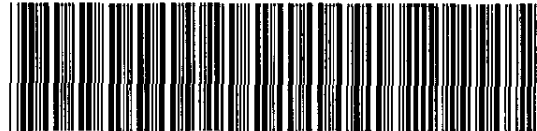
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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O'Brien

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARIDINE, INC

(Name of Corporation)

**DOCUMENT NUMBER:** P03000081016

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

Please return all correspondence concerning this matter to the following:

ROBERT T FORBESS

(Name of Person)

ARIDINE, INC

(Name of Firm/Company)

2739 VIACAPRI 1020

(Address)

CLEARWATER, FL 33764

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN MAKAR

(Name of Person)

at ( 813 ) 862-0349 EXT 11

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ROBERT T FORBESS, hereby resign as TREASURER  
(Title)

of ARIDINE, INC  
(Name of Corporation)

P03000081016, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
05 NOV 21 AM 10:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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