P03000088772

·(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(D-			
(Do	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		



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03/10/09--01017--025 **35.00

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off. Resign.

TH

2/12/19

COVER LETTER

SUBJECT: Above Par Inc. (Name of Corporation)
DOCUMENT NUMBER: PO300088772
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlos Trawick (Name of Person)
(Name of Firm/Company)
P.O. Box S68 (Address)
Chiples FL 32428 (City/State and Zip Code)
For further information concerning this matter, please call:
Caylos Trawick at (850) 638-0304 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section Division of Corporations

TO:

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,	Michele	Wright		_, hereby resign as_	Secret	Tre (Title)	<u>asurea</u>	<u>(</u>
of	Abo	ve Par	nc. me of Corporati	on)			,	
	Po3c (Document Num	00088772 nber, if known)	, a corpoi	ration organized ur	nder the laws	of the State of	f	
	Florida	<u>.</u>	·			TAL	2009	
						LAHASS	7009 MAR 10	T
	-	N	Signature of	resigning officer/dyes	(for)	Y OF STA	PH 3:	ED
				U			5	

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