

PO3000145690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600158871636

07/29/09--01013--001 **35.00

FILED
09 JUL 29 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resign

C.COULLIETTE

AUG 04 2009

EXAMINER



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Trust Cape Haze Partners
(Name of Corporation)

DOCUMENT NUMBER: PO 3000145690

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

Please return all correspondence concerning this matter to the following:

Mary M Winkler
(Name of Person)

(Name of Firm/Company)

108 So. Moody Ave #1
(Address)

TPA, FL 33609
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Winkler at (941) 716-2305
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mary M. Winkler, hereby resign as President / Officer
(Title)

of American Trust Cape Haze Partners, Inc.
(Name of Corporation)

PD3000 145690, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Mary M. Winkler
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 29 AM 11:15

FILED

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