

PO40000074516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

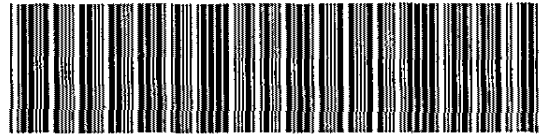
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07 FEB -7 AM 10:33

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Colle & Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000074516

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

Please return all correspondence concerning this matter to the following:

PHILLIP M. MOULD
(Name of Person)

(Name of Firm/Company)

458 CANDLEWICK CIRCLE, NORTH
(Address)

LEHIGH ACRES, FLORIDA 33936
(City/State and Zip Code)

For further information concerning this matter, please call:

PHILLIP M. MOULD at (239) 369-1038
(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, PHILLIP M. MOULD, hereby resign as VICE PRESIDENT
(Title)

of COLLE & ASSOCIATES, INC.
(Name of Corporation)

P04000074516, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 2-5-07
(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

ENCLOSED CHECK #
1886

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