Po4000095382

(Re	equestor's Name)		
(Address)			
(Address)			
(Cil	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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15 AUG 20 AM 8: 23

CLENNE CLENNE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Suwannee River Dinestraw Inc (Name of Corporation) DOCUMENT NUMBER: PO 40000 95382
DOCUMENT NUMBER: P04000095382
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Connie (Name of Person)
Sough River Dinestraw Inc (Name of Firm/Company)
Le le NE 1515+ AV (Address)
Old Town, FL 32680 (City/State and Zip Code)
For further information concerning this matter, please call:
Conce Land at (352) 354 0502 (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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILEO SERRETARY OF STATE DIVISION OF CORPORATION

15 AUG 20 AM 8: 23

1. Comie Land	_, hereby resign as	Secretary (Title)
of Soughte (Name of Corporati	Qiver	Pinestraw, In
PO4600095382, a corpor	ration organized unc	ler 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