P04000116892

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PETER, WAYNE & GREGORY, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>PO4660 1/6892</u>
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 GANNON (Name of Person)
A TLANTIC MAGAZINE (Name of Firm/Company)
1215 WALLACE DRIVE - SUITE 101 (Address)
DELRAY BEACH, FL. 33444 (City/State and Zip Code)
For further information concerning this matter, please call:
RABER LANNON at (561) 455-9050 (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
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	CREGORY ORE	<u>-</u>	, hereby resign as	VICE	(Title)	_
of	PETER, WAYNE	4 CREC	ORY INC.	·		, ;
To	7 5 4000116892 (Document Number, if known)	, a corp	oration organized ur	nder the law	s of the State of	
	FLORIDA					
					_1	
		Signature o	of resigning officer/direc	etor)	77	

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