## PO+000127203

(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:		



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DSFEB 11 PM 2: 02

officer Resignation

Office Use Only

## TRANSMITTAL LETTER

Division of Corporations

Description of Corporations

DOCUMENT NUMBER: 707000 12, 1205

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

Please return all correspondence concerning this matter to the following:

(Name of Firm/Company)

26064 TATTERSALLO

PUTTE GORDA F1. 33483 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (Atl) Thoq-45 []
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Malling Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION OSFER / PM 2: 02 I. Charlie States (Title) Of Granes Later Charles the Corporation organized under the laws of the State of (Document Number, if known)

(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