

P04000133708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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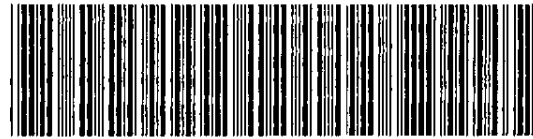
(Business Entity Name)

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DIVISION OF CORPORATIONS
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C. Coulliette
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MAR 21 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THOMAS H. SCHNIEDERS, P.A.
(Name of Corporation)

DOCUMENT NUMBER: PO4000133708

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

Please return all correspondence concerning this matter to the following:

THOMAS H. SCHNIEDERS
(Name of Person)

THOMAS H. SCHNIEDERS, P.A.
(Name of Firm/Company)

5519 LAKE SHORE VILLAGE CIR.
(Address)

LAKE WORTH, FL 33463
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS H. SCHNIEDERS at (561) 379-3840
(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, THOMAS H. SCHNIEDERS, hereby resign as DIRECTOR
(Title)

of THOMAS H. SCHNIEDERS, P.A.
(Name of Corporation)

PO4000133708, a corporation organized under the laws of the State of
(Document Number, if known)

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

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