

PO4000141768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

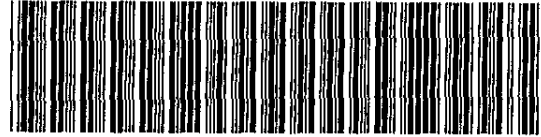
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FILED  
04 DEC -9 AM 8:54  
TALLAHASSEE, FLORIDA  
STATE

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Wholesale Development Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Deborah O'Brien

(Name of Person)

(Name of Firm/Company)

RR #5, Box 5199

(Address)

East Stroudsburg, PA 18301

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Berardi

(Name of Person)

at ( 570 ) 424-7945

(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, Deborah O'Brien, hereby resign as President  
(Title)

of Florida Wholesale Development Corp.  
(Name of Corporation)

PD4000141768, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Deborah O'Brien  
(Signature of resigning officer/director)

**FILED**  
04 DEC -9 AM 8:54  
TALLAHASSEE, FLORIDA

**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