

POS000017339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

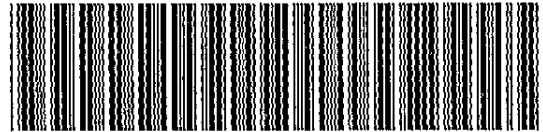
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Officer/Director Resignation

(Name of Corporation)

DOCUMENT NUMBER: Letter Number 605A00007378 (P05000017339)

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

Please return all correspondence concerning this matter to the following:

Stanley, Norbert, O.

(Name of Person)

Exotic Rose, Inc.

(Name of Firm/Company)

2400 Trout River Blvd

(Address)

Jacksonville, Florida 32208

(City/State and Zip Code)

For further information concerning this matter, please call:

Norbert Stanley

(Name of Person)

at (904) 343-1080

(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

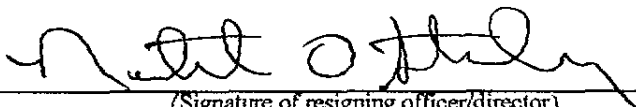
Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Norbert O. Stanley, hereby resign as Director
(Title)
of Exotic Rose, Inc.
(Name of Corporation)

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


(Signature of resigning officer/director)

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SECOND PART OF STATE
TALLAHASSEE, FLORIDA

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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