P05000021184

(Requestor's Name)		
(Address)		
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(Document Number)		
Certificate	s of Status	
Special Instructions to Filing Officer:		
	ess) State/Zip/Phon WAIT ness Entity National Number Certificate	



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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: JOEL ROBBINS, PA
	(Name of Corporation)
DOG	CUMENT NUMBER: P05000021184
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
	CHARLES L MCQUAID
	(Name of Person)
	(Name of Firm/Company)
	P O BOX 760
	(Address)
	GENEVA, AL. 36340
	(City/State and Zip Code)
For	further information concerning this matter, please call:
СН	ARLES L MCQUAID (Name of Person) at (334) 684-6398 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divi Clift 2661	et Address: endment Section sion of Corporations on Building Executive Center Circle ahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TERËSA ROBBINS	, hereby resign as PRESIDENT	
->		
of_JOE ROBBINS, PA	,	
(Name of Corporati	ion)	
P05000021184 , a corpo	ration organized under the laws of the State of	
	OG JUN FI	
Jerese Toping	LED Z	
(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