## P05000057898

(R	equestor's Name)	<u> </u>
(A	ddress)	<u> </u>
(A	ddress)	
(C	ity/State/Zip/Phone #)	<del>,</del>
PICK-UP	☐ WAIT	MAIL MAIL
, (B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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HEAPSAIN HAGIN, DIS \*\* O.O.

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SECRETARY OF STATE
ALLAHASSEE, FIRME

1.0.00 Pas

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: 5 willey Enterorises Tre (Name of Corporation)
DOCUMENT NUMBER: PO500057898
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Claude H. Swilley (Name of Person)
Swilley Enterprises Trac (Name of Firm/Company)
1415 Ranchero Drive (Address)
Sara So-la Fla 34240 (City/State and Zip Code)
For further information concerning this matter, please call:
Region M. Swilley at (941) 504-0947 (Name of Person) at (941) Soy-0947 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

4 Claude	H Swill	ey	, hereby resign as_	CE	(Title)	_
of Swille	y Enter	ori Se S me of Corporatio	Inc.			,
P 050000 . (Document Nu	57898 umber, if known)	, a corpor	ation organized und	der the laws of t	he State of	
Florida		·				
	Clarke	H Scril (Signature of r	O esigning officer/direct	or)	SECRETARY OF STATE FALLAHASSEE, FLORIT	FILED

## 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