

POS000064102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CDP Payrolls, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000064102

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

Please return all correspondence concerning this matter to the following:

Debbie Altizer

(Name of Person)

(Name of Firm/Company)

P. O. Box 873

(Address)

Safety Harbor, FL 34695

(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie Altizer

(Name of Person)

at (727) 791-1395

(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, Debbie Altizer, hereby resign as Director
(Title)

of CDP Payrolls, Inc
(Name of Corporation)

P05000064102, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Deborah Altizer
(Signature of resigning officer/director)

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SECRETARY OF STATE
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