## -POS000091106

(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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05 SEP 26 PM 3: 20

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FLAGLER LICENSE, INC.
(Name of Corporation)
DOCUMENT NUMBER: P05000091106
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
PAUL J. FRATICELLI
(Name of Person)
FLAGLER LICENSE, INC.
(Name of Firm/Company)
P.O.BOX 1465
(Address)
TAVERNIER, FL. 33070
(City/State and Zip Code)
For further information concerning this matter, please call:
PAUL FRATICELLI at ( 305 ) 853-0424  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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

, NORMAN J. WEINFLASH	, hereby resign as_	PRESIDENT			
.,	, nerecy resign as_	(Title)			
of FLAGLER LICENSE INC.					_ •
(Name	of Corporation)				
P05000091106	_, a corporation organized under the laws of the State of				
(Document Number, if known)					
FLORIDA					
Norman	Signature of resigning officer/direct	<u>R</u>	TALLAHASSEE FLORIDA	05 SEP 26 PM 3: 20	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