

PD50009/696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

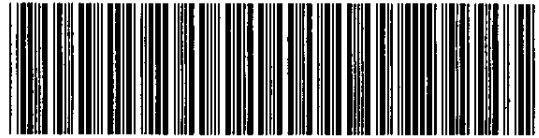
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900136466269

10/03/08--01004--018 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT -3 PM 4:16

FILED

[Handwritten signatures and initials]

107008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Triple 15 Daycare, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05 0000 91696

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

Please return all correspondence concerning this matter to the following:

Anganie Guinness
(Name of Person)

Triple 15 Daycare, Inc.
(Name of Firm/Company)

575 Southridge Road
(Address)

Clermont, FL 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

Anganie Guinness at 352 217 6505
(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**

I, Mohani McGray, hereby resign as Officer
(Title)

of Triple 'S' Dairy, Inc.
(Name of Corporation)

P05000091696, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Mohani McGray
(Signature of resigning officer/director)

2008 OCT -3 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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