

POL 000 000209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

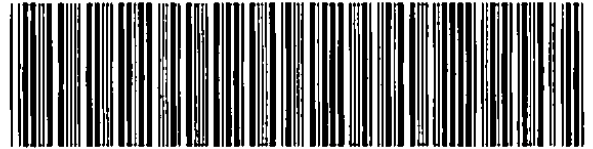
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600354594316 ✓

11/09/20--01011--010 **35.00

S T A T E

DEC 10 2020

2020 NOV -9 PM 1:36

5/12 Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WAYNE HOMER PA
(Name of Corporation)

DOCUMENT NUMBER: P06000000209

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

WAYNE HOMER
(Name of Person)

(Name of Firm/Company)

120 VIA VERACRUZ
(Address)

JUPITER, FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

WAYNE HOMER at (561) 348-0627
(Name of Person) (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:

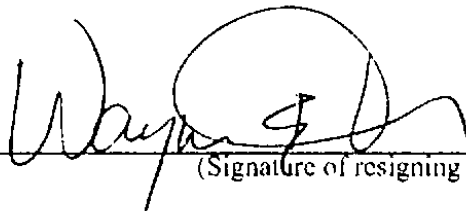
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I. WAYNE HOMER, hereby resign as Pres, VP, TREASUR, Sec
(Title)

of WAYNE HOMER, P.A.
(Name of Corporation)

PO6000000209, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(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

2020 NOV -9 PM 1:36