

PO6000081886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

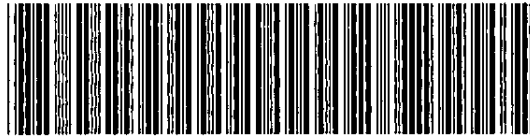
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/05/08--01018--015 **157.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01220

2-10-08

THOMAS M. EGAN
CHARTERED
LAWYER

Address
2107 SE 3rd Avenue
Ocala, FL 34471

Telephone
352-629-7110
352-629-6696

March 4, 2008

Division of Corporations
Attn.: Amendment Dept.
PO Box 6327
Tallahassee, FL 32314

RE: Arbor Plan Consulting, Inc.
Document No: PO6000081886

Dear Sirs,

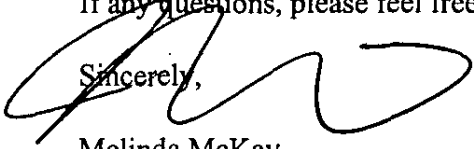
Enclosed you will find the following Documents regarding the above referenced matter.

1. Officer/Director Resignation
2. Resignation of Registered Agent
3. Statement of Change of Registered Agent
4. Our Trust Check #15713 in the amount of \$157.50 for the fees on above.

Please file accordingly.

If any questions, please feel free to call.

Sincerely,



Melinda McKay
Legal Assistant
Encl.

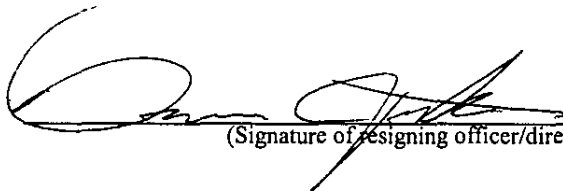
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DENNIS L. JENKINS, hereby resign as DIRECTOR/OFFICER
(Title)

of ARBOR PLAN CONSULTING, INC.
(Name of Corporation)

PO6000081886, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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