## P06000104377

(Re	equestor's Name)	
(Ac	idress)	•
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	usiness Entity Nar	ne)
(Do	ocument Number)	······································
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Children's Realty of TAMPA Bay, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO 6000 104 377
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Adrience & Lonez (Name of Person)
Chillyon's Restry of Tanga Bay Inc. (Name of Firm/Company)
3418 Handy Road, Unit 102 (Address)
Tampa 4 33618 (City/State and Zip Code)
For further information concerning this matter, please call:
Advience Love at (727 ) 215 ^5447 (Name of Pepson) (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	n
of Children's Bulty of Tampa Bay, Inc. (Name of Corporation)	
Po6000 104 377, a corporation organized under the laws of the State of (Document Number, if known)	
- Florida.	
Terrylly and (Signature of resigning officer/director)	FILEDES

**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