

PO7000032492

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
07 APR 16 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Morris & Payne, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P07000032492

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

Please return all correspondence concerning this matter to the following:

Will Mason

(Name of Person)

Connemara Capital Company, LLC

(Name of Firm/Company)

2026 Hendricks Avenue

(Address)

Jacksonville, FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Will Mason

(Name of Person)

at ( 904 ) 348-3118

(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**

**FILED**  
**07 APR 16 AM 10:12**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Charlene Morris, hereby resign as Director  
(Title)

of Morris & Payne, Inc.  
(Name of Corporation)

P07000032492, 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