Porcec	042705
(Requestor's Name) (Address)	300276295153
(Address) (City/State/Zip/Phone #)	Assignation 02 07 Jecer 08/24/1501044029 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	AUG 24 PH 12: 10
Office Use Only	AUG 25 2015 Á RAMSEY

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TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations

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SUBJECT: nC Name of Corporation) ٢Ü 27 **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

(Name of Person) ompany Firm State and Zip Code

For further information concerning this matter, please call:

Gn at ((Name of Person) Telephone Number) Area Code me

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 2661 Executive Center Circle Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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1. Barbara 60 hereby resign as itle) of Name of voration ÷ i , a corporation organized under the laws of the State of (Document Number, if known) nhaa

Bank (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