P01000075288

(R	equestor's Name)			
(-	- -			
(A	ddress)			
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(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(De	ocument Number)			
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SECRETARY OF STATE DIVISION OF COMPORATION

0D/RES 00/14/08

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: The Braemar Pub, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P07000075288
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Brian Beason, Esq.
(Name of Person)
Wilkins Frohlich, P.A.
(Name of Firm/Company)
18501 Murdock Circle, 6th Floor
(Address)
Port Charlotte, FL 33948
(City/State and Zip Code)
For further information concerning this matter, please call:
Brian Beason, Esq. at (941) 625-0700 (Area Code & Daytime Telephone Number)
(Name of Person) (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

			to the control of the		
W	Arlene William	\$.	, hereby resign as	Director	
,				(Title)	
		,	•		
of	The Braeme	r Pub, Inc.		,	
		(Name of	Corporation)		
P07000075288			_ a corporation organized under the laws of the State of		
	(Document Number,	(Known)			
	Post 2 - 4 - 1 - 1				
	Florida		•		
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	•		·		
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	,	^ <i>·()</i>	100		
	(trlene	William		
	,	(Sig	mature 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

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