## P08000016041

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

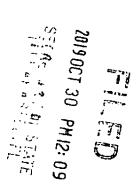
Office Use Only



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Officer

## TRANSMITTAL LETTER

Division of Corporations Mad Cowford Improv, Inc. SUBJECT: (Name of Corporation) P08000016041 **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: Sebastian Inks (Name of Person) Mad Cowford Improv, Inc. (Name of Firm/Company) 3642 Leewood Lane (Address) Jacksonville FL 32217 (City/State and Zip Code) For further information concerning this matter, please call: John G. Kalinowski 904 874-3995 (Area Code & Daytime Telephone Number) \_at (\_ (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Amendment Section Division of Corporations **Mailing Address:** Amendment Section Division of Corporations 2661 Executive Center Circle P.O. Box 6327

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Sebastian Inks	Vi	Vice-President	
1, Solar	, hereby resign as		
·		(Title)	
Mad Cowford Improv, Inc.			
of A			
	ame of Corporation)	•	
P08000016041			
	, a corporation organized unde	r the laws of the State of	
(Document Number, if known) Florida			
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<u></u>		51.5	
	(Signature of resigning officer/director		
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## 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