

P08000025089

(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



600158781966

07/24/09--01032--003 **35.00

FILED
09 JUL 24 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6016109
7/24/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARIBBEAN TEEZE, INC
(Name of Corporation)

DOCUMENT NUMBER: P08000025089

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

Please return all correspondence concerning this matter to the following:

RAYMOND, HOWARD L

(Name of Person)

N/A

(Name of Firm/Company)

527 SHADY PINE WAY, UNIT C1

(Address)

GREEN ACRES, FL 33415

(City/State and Zip Code)

For further information concerning this matter, please call:

RAYMOND, MENDES D

(Name of Person)

at (561) 965-3988

(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**

I, HOWARD L. RAYMOND, hereby resign as Vice President
(Title)

of CARIBBEAN TEEZE, INC
(Name of Corporation)

P08000025089, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Howard L. Raymond
(Signature of resigning officer/director)

FILED
09 JUL 24 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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