PBW5448

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate:	s of Status
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12/12/13--01017--012 **25.00

In Bas

FEB - 6 2014 R. WHITE

TRANSMITTAL LETTER

SUBJECT: Ford - Whiley Inc

(Name of Corporation)

DOCUMENT NUMBER: P08000054418

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Sarah Ford-Whiley
(Name of Person)

Ford-Whiley Inc
(Name of Firm/Company)

14334 Sports Club Way
(Address)

Orlando FL 32837
(City/State and Zip Code)

For further information concerning this matter, please call:

David Whiley

(Name of Person)

at (407) 3423223
(Area Code & Daytime Telephone Number)

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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301



December 19, 2013

SARAH FORD-WHILEY 14334 SPORTS CLUB WAY ORLANDO, FL 32837

Ref. Number: PO8000054418

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee to file an officer/director resignation is \$35.00. Therefore, an additional fee in the amount of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 013A00028865



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_ı David Whiley	, hereby resign as President
	(Title)
_{of} Ford-Whiley Inc	
P08000054418 (Name of Cor	poration) corporation organized under the laws of the State of
(Document Number, if known) Florida	
(Signatu	are of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314