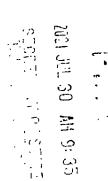
## 

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

Office Use Only





## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: POS OC	0081607
	for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Kelly Gotha	
(Name of Person)	
(0000	
(Name of Firm/Company)	)
13529 Strasburg Rd	
(Address)	<del></del>
La Salle, MI 48145	
(City/State and Zip Code)	<del></del>
For further information concerning this ma	atter, please call:
Kelly Gotha	at () 932-7172
(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payal	ble to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2021 JUL 30 AH 9: 35 STORTH LYNTSTHE

Kelly Gotha	Secretary/Treasurer, hereby resign as(Title)
.,	(Title)
Women's Professional Manufacturi	ing & Maintenance Technologies Inc.
l <u> </u>	(Name of Corporation)
080000 8 1 60 7 (Document Number, if known)	, a corporation organized under the laws of the State of
-lerida-	·
Ku lle	y latha
	(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

I have not been on this business for over 10 years I ded not know I had to submed this form. Relly 60 the