P08000085953

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cr	ty/State/Zip/Phone	÷#)
	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		·

Office Use Only



800214567618

一一大学的特殊的

12/16/11--01044--023 **35.00

M/RD Bep



1 10 100

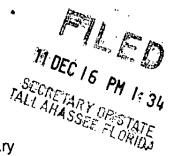
COVER LETTER

SUBJECT: Tallahassee Salvage Inc.
(Name of Corporation)
DOCUMENT NUMBER: P08000085953
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laura L Burnopp
(Name of Person)
(Name of Firm/Company)
(Name of Finis Company)
1659 Glade Road
(Address)
Havana FL 3233
(City/State and Zip Code)
For further information concerning this matter, please call:
Laura L Burnopp at (850) 539-7300 (Name of Person) (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Laura L Burnopp	, hereby resign as_	Secretary	CORID
-3	, notody rodigit as_	(Title)	
of Tallahassee Salvage Inc.			
	of Corporation)		,,
P08000085953 (Document Number, if known)	_, a corporation organized und	ler the laws of the State	e of
Florida			

(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