

P 08 000093603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

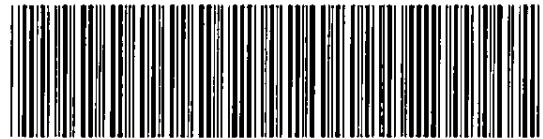
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100440710651

12/10/24--01026--004 **35.00

FILED
2024 DEC 10 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POSABILITIES, INC.

(Name of Corporation)

DOCUMENT NUMBER: P08000093603

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

Please return all correspondence concerning this matter to the following:

RICHARD MICHAEL SMITH

(Name of Person)

POSABILITIES, INC.

(Name of Firm/Company)

17431 ALICO CENTER ROAD, SUITE 1

(Address)

FORT MYERS, FL 33967

(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD MICHAEL SMITH at (239) 826-1099

(Name of Person) (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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 DEC 10 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, WILLIAM A. OLEKSINSKI, JR, hereby resign as DIRECTOR
(Title)

of POSABILITIES, INC.
(Name of Corporation)

P08000093603, a corporation organized under the laws of the State of
(Document Number, if known)

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

FILED
2024 DEC 10 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL