

P08000111096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

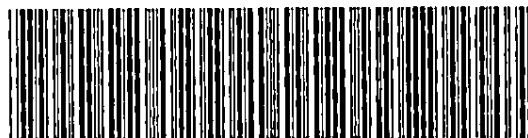
(Business Entity Name)

(Document Number)

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DEC 06 2018

T. LEMIEUX

GP

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RESMAC, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P08000111096

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

Please return all correspondence concerning this matter to the following:

**Brian R. Kopelowitz**

(Name of Person)

**Kopelowitz Ostrow**

(Name of Firm/Company)

**One West Las Olas Blvd., #500**

(Address)

**Fort Lauderdale, FL 33301**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Brian Kopelowitz**

(Name of Person)

**954 525-4100**

at (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  
2661 Executive Center Circle  
Tallahassee, FL 32301

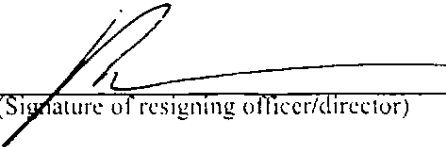
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Brian Kopelowitz, hereby resign as Secretary  
(Title)

of ResMac, Inc.  
(Name of Corporation)

P08000111096, 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

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FILED