

P09.0000040587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

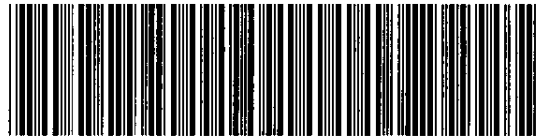
(Business Entity Name)

(Document Number)

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2009 SEP -4 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

SEP - 9 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crothers & Leotta , P.A.

(Name of Corporation)

DOCUMENT NUMBER: P09000040587

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

Please return all correspondence concerning this matter to the following:

Kathy Leotta

(Name of Person)

(Name of Firm/Company)

2342 Northumbria Dr

(Address)

Sanford, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Leotta

(Name of Person)

at (813) 545-4431

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

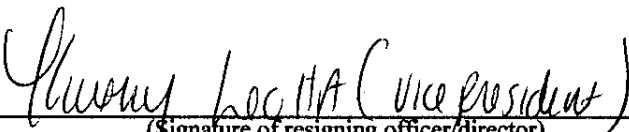
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2009 SEP -4 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Kathy Leotta, hereby resign as VP
(Title)

of Crothers and Leotta, PA
(Name of Corporation)

P09000040587, 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