

P09000042234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

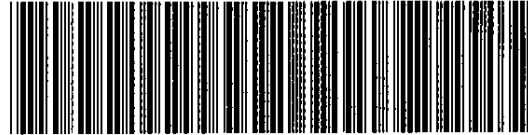
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Off Resign  
Tlews

6-14-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Byron Allen, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000042234

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

Please return all correspondence concerning this matter to the following:

Byron Allen

(Name of Person)

Byron Allen, Inc.

(Name of Firm/Company)

995 Mohawk Street

(Address)

Jupiter, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Byron Allen

(Name of Person)

at ( 561 ) 262-1954

(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**

**FILED**  
**11 JUN 13 AM 11:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

I, Harold G. Allen, hereby resign as Vice President  
(Title)

of Byron Allen, Inc.  
(Name of Corporation)

P09000042234, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Harold G. Allen  
(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