Po9000055635

(Re	equestor's Name)	
(Ad	dress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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, TRANSMITTAL LËTTER

Division of Corporations SUBJECT: Capital Land Management Corporation (Name of Corporation) DOCUMENT NUMBER: P09000055635 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jarrett Myers (Name of Person) **Capital Land Management Corporation** (Name of Firm/Company) 9830 Yawn Road (Address) Dade City, Fl (City/State and Zip Code) For further information concerning this matter, please call: Jarrett Myers

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

(Name of Person)

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECREFARY OF STATE DIVISION OF CORPORATIONS

16 MAR 21 AM 8: 04

_{I.} William Ballenger	, hereby resign as VPO	ON 12/28/2015	
,	,	(Title)	
of Capital Land Mana	agement Corporation	_	
	e of Corporation)	,	
p09000055635 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida			

(Stanature 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