

PD9000065591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

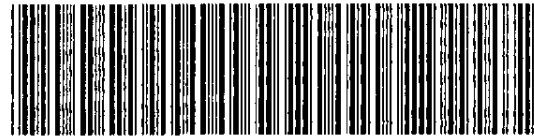
(Business Entity Name)

(Document Number)

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Mr / Mrs Ryan

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11 MAR 11 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FD 2-14-6

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIRM FARMS, INC
(Name of Corporation)

DOCUMENT NUMBER: P09000065591

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

Please return all correspondence concerning this matter to the following:

PAULA FORREST
(Name of Person)

FIRM FARMS, INC
(Name of Firm/Company)

5000 LAKE PIERCE DR.
(Address)

LAKE WALES, FL 33870
(City/State and Zip Code)

For further information concerning this matter, please call:

SHARI MEYER at (727) 536-1219
(Name of Person) (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**

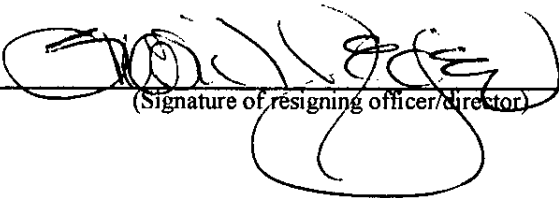
FILED
11 MAR 11 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, SHARI MEYER, hereby resign as DIRECTOR
(Title)

of FMR FORMS, INC.
(Name of Corporation)

PD9000065591, 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