

P09000097082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

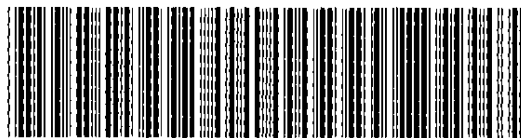
(Business Entity Name)

(Document Number)

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2010 AUG -5 AM 10:30
FALL RIVER, MA
REGISTRATION DIV.

off. Resign.

TB

AUG 10 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Michael T. Williams
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Michael Williams
(Name of Person)

—
(Name of Firm/Company)

1464 MAPLE ST
(Address)

Clearwater, FL 33755
(City/State and Zip Code)

For further information concerning this matter, please call:

Wayne Robert Williams at (727) 238-8680
(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

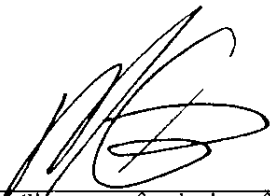
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael T. Williams, hereby resign as DIRECTOR
(Title)

of WILLIAMS SQUARE, INC.
(Name of Corporation)

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



(Signature of resigning officer/director)

TALLAHASSEE, FLORIDA

2010 AUG -9 3:40 PM

11/11/10

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