

P10000000481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

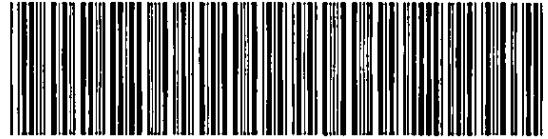
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400324698564

02/15/19--01018--009 **55.00

FILED

2019 FEB 15 PM 4: 24

SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE

FEB 19 2019

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blueberry Hill Farm, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P1000000481

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

Please return all correspondence concerning this matter to the following:

Donald H. Cowern
(Name of Person)

Blueberry Hill Farm Inc
(Name of Firm/Company)

1522 C. R. 308
(Address)

Crescent City FL, 32112
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Cowern at (386) 559-0408
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Barbara C. Cowern, hereby resign as V S D
(Title)

of Blueberry Hill Farm, Inc.
(Name of Corporation)

P10000000481, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Barbara C. Cowern
(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

FILED
2019 FEB 15 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FL