PI000005639

(Requestor's Na	me)			
(Address)				
(Address)				
(City/State/Zip/P	hone #)			
	MAIL			
(Business Entity	Name)			
(Document Number)				
Certified Copies Certific	cates of Status			
Special Instructions to Filing Officer:				
J. HORNE APR 11	2024			
APRI				

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03/20/24--01029--014 **35.00



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TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations**

Carroll Bradford, Inc.

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(Name of Corporation)

DOCUMENT NUMBER: P10000005639

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

Please return all correspondence concerning this matter to the following:

Todd Sykes

(Name of Person)

Carroll Bradord, Inc.

(Name of Firm/Company)

1925 Prospect Ave.

(Address)

Orlando, FL 32814

(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Sykes

(Name of Person)

at (_____) (Area Code & Daytime Telephone Number)

230-1222

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

407

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION 2024 MAR 20 PM 1: 34

	Secure Mill OF STATE ALC MASSIE FLORIDA
Todd Sykes I	"Other" Officer hereby resign as
	(Title)
Carroll Bradford, Inc of	
(Nar	ne of Corporation)
P10000005639 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	(Signature of resigning officer/director)

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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