## P1000012758

| (Re                     | equestor's Name)   | <u> </u>      |
|-------------------------|--------------------|---------------|
| (Ad                     | ldress)            | ····          |
| (Ad                     | ldress)            |               |
| (Cit                    | ty/State/Zip/Phone | #)            |
| PICK-UP                 | WAIT               | MAIL          |
| (Bu                     | siness Entity Nam  | e) ·          |
| (Do                     | ocument Number)    |               |
| Certified Copies        | _ Certificates     | of Status     |
| Special Instructions to | Filing Officer:    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
| ***                     | Office Use Only    | <del></del> - |



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# SEP 15 PM 3: 07

SEP 1 9 2014 C. CARROTHERS

## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations Secretary Results of Corporations                         |
|--|
| SUBJECT: KCY ON OSCOPE DUTY) (Name of Corporation)   |
| DOCUMENT NUMBER: 100001215   |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.            |
| Please return all correspondence concerning this matter to the following:                                |
| (Name of Person)  HOU SOUPLE  (Name of Firm/Company)  Address)  VINICL A 3492  (City/State and Zip Code) |
| For further information concerning this matter, please call:   |
| (Name of Person) at (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

JA SEP 15 PH 3: 07

I, LISA FAZZONE, hereby resign as SCLLACKY

of Key Cand Scape South

(Name of Corporation)

POOD 275 8, a corporation organized under the laws of the State of 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

Amendment Sous.

Div of Corporation

Po Box 6327

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