## P10000019617

(Re	equestor's Name)	····
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100231602101

resignation Ob Officer

04/30/12--01021--008 \*\*35.00



10 P 5/2/12

## **COVER LETTER**

SUBJECT: Tadpoles Child Care (Name of Corporation)
DOCUMENT NUMBER: <u>\$\int 10000019617</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Tanya Weaver Mayfield (Name of Person)
Tad poles Child Care (Name of Firm/Company)
5913 Montford Dr (Address)
Zephyrhills, F1 3354/ (City/State and Zip Code)
For further information concerning this matter, please call:
Tanya Waver Manfield at (B13) 857-5283 (Name of Person) (Area Code & Daytime Telephone Number)

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

Amendment Section Division of Corporations

TO:

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 2012 APR 30 PM 4: 55

	N 30 PH 4:55
	SECRETARY OF STATE TALLAHASSEE. FLORID
1, Tanya Weaver Mayfield, hereby resign as	Director (Title)
of Tadpoles Child Care Center Inc. (Name of Corporation)	,
PD000196/7, a corporation organized under (Document Number, if known)	the laws of the State of
Florida	

Tanya Wear Smorry
(Signature of resigning of Voer/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