

P1 0000034016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

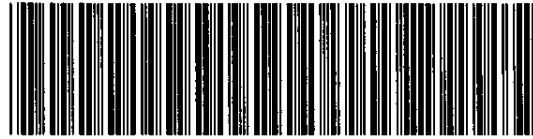
(Business Entity Name)

(Document Number)

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C. MUSTAIN

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

Default Tax Services, Inc

SUBJECT: _____
P10000034018 (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:

(Name of Person)

Corporate Recovery Solutions, Inc

(Name of Firm/Company)

36150 Emerald Coast Pkwy

(Address)

Destin FL 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy _____ at **(850) 460-2097**
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

THone, LLC

Director Officer

I, _____, hereby resign as _____
(Title)


Default Tax Services, Inc

of _____
(Name of Corporation)

P10000034016

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

FL


(Signature of resigning officer/director)

FILED
12 OCT 25 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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