P10000042555

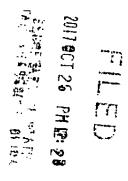
(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



800304902568

10/26/17--01026--021 **35.00



ODIRES

0CT 2.7 2017

I ALBRITTON

TRANSMITTAL LETTER

SUBJECT: STOCTON ALOE 1, INC (Name of Corporation)
DOCUMENT NUMBER: 91 00∞0 42588
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Haley, Amanda H (Name of Person)
Stockton Aloe 1, Inc. (Name of Firm/Company)
500 S. Cypress Road Suite # 4
Pompano Beach, FL 33060 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Haley at (954) 444 5353 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l	Amanda H Haley hereby resign as_	(Title)	
of <u> </u>	Stockton Aloe 1, Inc.		<u> </u>
	10000 42588. a corporation organized under (Document Number, if known)	the laws of the State of	
	Florida		
	(Signature of resigning officer/director)	26 PH	

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