

P10000063543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Officer

(Name of Corporation)

DOCUMENT NUMBER: ~~007~~ P10000063543

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Karam Abbosh; C/O Thomas Murphy

(Name of Person)

Stage Distributors, Intl., Inc.

(Name of Firm/Company)

11250 Old St Augustine Rd 0067 #144

(Address)

Jacksonville, FL 32257

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Murphy

(Name of Person)

at (904) 477-8744

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Karam Abbosh, hereby resign as Vice President
(Title)

of Stage Distributors Intl., Inc.
(Name of Corporation)

~~and~~ P10000063543, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

x 
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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