

P100000 71958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

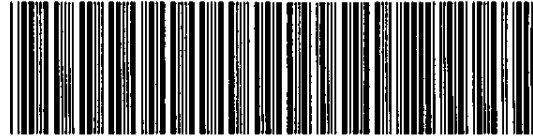
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC - 1 AM 9:22

DEC 10 2014

T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHILI INC.
(Name of Corporation)

DOCUMENT NUMBER: P100000071958

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL K. MCDONALD
(Name of Person)

NSB YU-MI
(Name of Firm/Company)

261 E. 3RD AVE
(Address)

NEW SMYRNA BEACH, FL. 32169
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL MCDONALD at (386) 690-7855
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -1 AM 9:22

I, MICHAEL McDONALD, hereby resign as PRESIDENT
(Title)

of CHILI, INC.
(Name of Corporation)

P100000071958, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Michael McDonald
(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