

P100000076735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

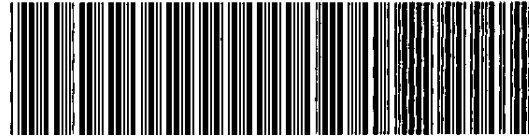
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600208865236

06/20/11--01026--010 **35.00

Dr / DW Legu

FILED
11 JUN 20 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TH 6-21-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA BUNNIES INC.

(Name of Corporation)

DOCUMENT NUMBER: P10000076735

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

Please return all correspondence concerning this matter to the following:

KATHRYN ARNOLD

(Name of Person)

FLORIDA BUNNIES INC.

(Name of Firm/Company)

5401 HAVERHILL RD N.

(Address)

WEST PALM BEACH, FL 33407

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHRYN ARNOLD

(Name of Person)

at (561) 904-1518

(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**

**FILED
11 JUN 20 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, ROUSSEL CLAUDE, hereby resign as PRESIDENT
(Title)

of FLORIDA BUNNIES INC.
(Name of Corporation)

P10000076735, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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