## P100000 87778

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: IN N OUT DELIVERY SERVICES, INC.
(Name of Corporation)
DOCUMENT NUMBER: P10000087778
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JONATHAN WOGINIAK
- (Name of Person)
IN N OUT DELIVERY SERVICES, INC.
(Name of Firm/Company)
3440 HOLLYWOOD BLVD SUITE 415
(Address)
HOLLYWOOD FL 33021
(City/State and Zip Code)
For further information concerning this matter, please call:
JONATHAN WOGINIAK at (786 ) 332-0300
(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

of IN N OUT DELIVERY SERVICES, INC.  (Name of Corporation)  P10000087778  (Document Number, if known)  FLORIDA  (Name of Corporation)  (Name of Corporation)  (A corporation)  (Document Number, if known)		
<u>FLORIDA</u>	_,	
	2315 NOV -1	2314 NOV - 1

## 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