

P110000011114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ST. JOHNS COURT, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000091114

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

ST. JOHNS CT. INC.  
(Name of Firm/Company)

8309 ST. JOHNS CT.  
(Address)

WELLINGTON FL 33414  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

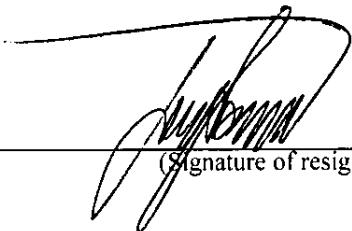
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JASON SIRACUSA, hereby resign as DIRECTOR  
(Title)

of ST JOHNS CT INC.  
(Name of Corporation)

P11000091114, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

17 MAR 20 PM 2:05

**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