11000098762

(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

<u>(Name of Corporation)</u> SUBJECT:_ DOCUMENT NUMBER: P 110000 98762

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

Please return all correspondence concerning this matter to the following:

Amanda Pearson (Name of Person)

(Name of Firm/Company)

8285 Bryan Dairy Rd, Suite 125-E

Largo FL 33777 (City/State and Zip Code)

For further information concerning this matter, please call:

<u>AMOIN DA PERISON</u> at (<u>813</u>) <u>343-0766</u> (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

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I, Thomas Estridge, hereby resign as Vice Prp? of_ (Name of Corporation) P11000098762 _____, a corporation organized under the laws of the State of (Document Number, if known) Florida (Signature of resigning officer/director) 7 **JUN 27** -11 FILING FEE IS \$35.00 22 Make checks payable to Florida Department of State and mail to? Ċ 20

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314