Pla0000a8932.

· · (Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	· · · · · ·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

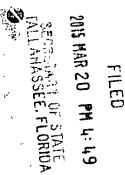
Office Use Only



500270668495

resignation

03/20/15--01015--016 **35.00



3/23/15

TO:

Amendment Section Division of Corporations

TRANSMITTAL LETTER

SUBJECT: ORMOND ANTIQUITIES, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: P12000028932	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SANDRA GOSCH	
(Name of Person)	
ORMOND ANTIQUITIES, INC.	
(Name of Firm/Company)	
34 SEABREEZE DRIVE	
(Address)	
ORMOND BEACH, FL 32174	
(City/State and Zin Code)	

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

For further information concerning this matter, please call:

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

2815 MAR 20 PM 4: 49

I, LEENA P. OGLE	, hereby resign as (Title)
of ORMOND ANTIC	UITIES, INC.
(Nai	ne of Corporation)
P12000028932 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
•	

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