

P12000096732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

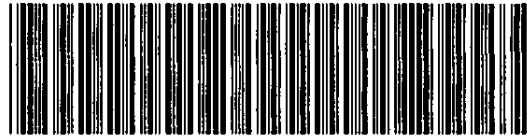
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200242398552

12/10/12--01019--024 **35.00

FILED
12 DEC 10 AM 9:12
CLERK OF SUPERIOR COURT
JANUARY 10, 2013

2/16

DEC 12 2012
C. MUSTAIN

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **TRIPLE N MARKETING, INC.**

(Name of Corporation)

DOCUMENT NUMBER: **P12000096732**

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

Please return all correspondence concerning this matter to the following:

NOEL A. HOWE

(Name of Person)

TRIPLE N MARKETING, INC

(Name of Firm/Company)

4743 LEGACY OAKS DR

(Address)

ORLANDO, FL 32839

(City/State and Zip Code)

For further information concerning this matter, please call:

NOEL A. HOWE

(Name of Person)

at **407 854-0508**

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

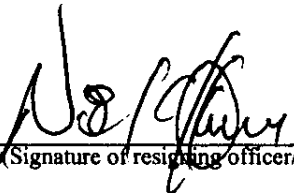
I, NOEL A. HOWE, hereby resign as V.P
(Title)

of TRIPLE N MARKETING, INC
(Name of Corporation)

P12000096732, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

FILED
12 DEC 10 AM 9:12
TALLAHASSEE, 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