

P12000099677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

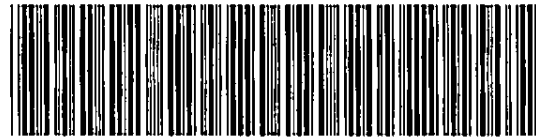
(Business Entity Name)

(Document Number)

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FILED
AUG 11 2017
CLERK OF COURT
JULIA A. BROWN

17 JUN 27 14:10:45

17 JUN 27 14:10:45

O/D
Resign.

AUG 11 2017

D CONNELL

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Disparti Fowkes & Hasanbasic, PA
(Name of Corporation)

DOCUMENT NUMBER: P12006099677

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

Please return all correspondence concerning this matter to the following:

Laurence Disparti
(Name of Person)

Disparti Fowkes & Hasanbasic, PA
(Name of Firm/Company)

1041 US Highway 19
(Address)

Holiday, FL 34691
(City/State and Zip Code)

For further information concerning this matter, please call:

Laurence Disparti at (727) 639-3505
(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, Lawrence Dispart, hereby resign as member
(Title)

of Dispart Folkes & Hasanbasi, PA
(Name of Corporation)

P12000099677, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

17 JUN 27 4:10:46
TAL 46

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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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P12000099677, a corporation organized under the laws of the State of
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(Signature of resigning officer/director)

FILING FEE IS \$35.00

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Tallahassee, Florida 32314

17 JUL 27 4:10:46
TALLAHASSEE, FL
STATE DEPT OF CORP