## P13000013665

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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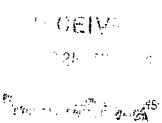
DDRGS/CC 10 3/27/14

## TRANSMITTAL LETTER

SUBJECT: Storm force Mitigation Consultants Inc (Namoof Corporation)
DOCUMENT NUMBER: P13000013665
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Emileo Voss (Name of Person)
Storm force Mitigation Consultants Inc. (Name of Firm/Company)
277 Dorchester Dr. (Address)
Vew're FC 34293 (City/State and Zip Code)
For further information concerning this matter, please call:
Enviler Joss at (941) 714 2490 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

**TO:** Amendment Section Division of Corporations





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2014

EMILEE VOSS STORM FORCE MITIGATION CONSULTANTS INC 277 DORCHESTER DRIVE VENICE, FL 34293

SUBJECT: STORM FORCE MITIGATION CONSULTANTS INC.

Ref. Number: P13000013665

We have received your document for STORM FORCE MITIGATION CONSULTANTS INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit the document in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 114A00005494

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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(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