PBOC	BUGO
(Requestor's Name) (Address) (Address)	700279403717
(City/State/Zip/Phone #)	11/25/1501005020 **35.00
(Document Number)	_
Special Instructions to Filing Officer:	FILED SECRETARY OF STATE ALLAHASSEE FLORIDA
Office Use Only	
	UDJES.

L

i

ı

L

l

DEC 01 2015 R. Wirdings .....

#### **TRANSMITTAL LETTER**

TO: Amendment Section Division of Corporations

÷

## SUBJECT: Monogrammit, Inc.

. .

(Name of Corporation)

# DOCUMENT NUMBER: P13000074901

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

Please return all correspondence concerning this matter to the following:

12

### Kimberly W. Maddox

(Name of Person)

### Monogrammit, Inc.

(Name of Firm/Company)

#### 10685 N.E. 104th Circle/P.O. Box 623

(Address)

## Oxford, Florida 34484

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly W. Maddox 352 516-6957 (Area Code & Daytime Telephone Number) at ( (Name of Person)

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

CR2E044 (05/13)

#### OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1

<sub>ı,</sub> Kimberly W. Maddo	, hereby resign as Vice President (Title)
of Monogrammit, Inc.	
(Name	of Corporation)
P13000074901	a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	

ure 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