7140000 20968

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,,
PICK-UP WAIT MAIL
(Business Entity Name)
(Sconoco Elini, Fallic)
(Consumerab Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ļ
}
}
1





300357455013

01/11/21--01021--009 **70.00

CDIZES

FEB 20 7021 ALBRITTE

TRANSMITTAL LETTER

Robinson & McGinty, Inc. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: P14(0)(0)20968 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Steven K. Robinson (Name of Person) Robinson & McGinty Inc. (Name of Firm/Company) 1700 Park Forest Blvd. (Address) Mount Dora, Florida, 32757 (City/State and Zip Code) For further information concerning this matter, please call: Steven K. Robinson (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Sylvia McGinty L	Vice President hereby resign as	
	(Title)	;
Robinson & McGinty Inc. of(Name	of Corporation)	·
P14000020968 (Document Number, if known)	, a corporation organized under the laws of the State of	
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