

PI4000033671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

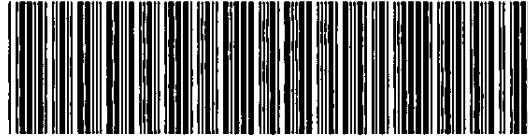
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR - 7 AM 10:25

C.L.
4-10-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **FULL MOON RACECARS INC**

(Name of Corporation)

DOCUMENT NUMBER: **P14000033671**

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

Please return all correspondence concerning this matter to the following:

CHRISTOPHER MELLETTE

(Name of Person)

FULL MOON RACECARS INC

(Name of Firm/Company)

8705 OSAGE DR

(Address)

TAMPA, FL 33634

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Mellette

(Name of Person)

at (**813**) **267-2487**

(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR -7 AM 10:25

I, Christopher Mellette, hereby resign as PTD
(Title)

of Full Moon Racecars Inc.
(Name of Corporation)

P14000033671, a corporation organized under the laws of the State of
(Document Number, if known)

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