P140000046266

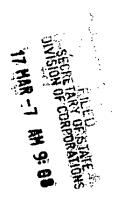
(Re	equestor's Name)			
. (Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	•			

Office Use Only



700296031597

09/07/17--01013--020 **245.00



TRANSMITTAL LETTER

Foneville, Inc (Name of Corporation) P14000046266 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michelle N. Pfeiffer (Name of Person) Foneville Inc. (Name of Firm/Company) 590 Farrington Hwy #210 - PMB #109 (Address) Florida (City/State and Zip Code) For further information concerning this matter, please call: Michelle N. Pfeiffer (Area Code & Daytime Telephone Number) (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**

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ont P. D'Ascoli	, hereby resign as Direc	ctor	Sage Control
lle Inc.	- carbina)		
(Name of Cor	poration)		
3266, a column, a column Number, if known)	, a corporation organized under the laws of the State of		
-			
•			

(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