P14000053293

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





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09/25/23--01040--019 **70.00

2023 SEP 25 PH 5: 13

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
C & E Delivery Inc	
	(Name of Corporation)
DOCUMENT NUMBER: P14000053293	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
Timothy Shippee	
(Name of Person)	
Hathaway & Reynolds, PLLC	
(Name of Firm/Company)
50 A1A North, Suite 108	
(Address)	
Ponte Vedra Beach, FL 32082	
(City/State and Zip Code))
For further information concerning this ma	atter, please call:
Timothy Shippee	at ()280-5526 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payal	ble 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
Taflahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2023 SEP 25 PH 5: 13

Vincent Hostetter President , hereby resign as_ (Title) $\stackrel{\textstyle C}{\text{of}}$ & E Delivery Inc. of (Name of Corporation) P14000053293 _____, 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