

P14000063626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

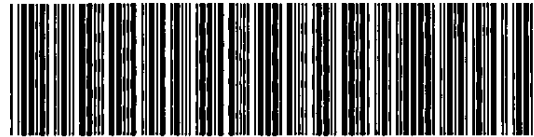
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2017 APR 10 AM 9:17

V HERRING
APR 12 2017

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Blood Spot, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P14000063626

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

Please return all correspondence concerning this matter to the following:

John DiStefano
(Name of Person)

The Blood Spot, Inc.
(Name of Firm/Company)

10348 SW 32nd Avenue
(Address)

Gainesville, FL 32608
(City/State and Zip Code)

For further information concerning this matter, please call:

John DiStefano at (352) 505-5346
(Name of Person) (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**

I, Samantha Mauder, hereby resign as Operations Manager
(Title)

of The Blood Spot, Inc.
(Name of Corporation)

P14000063626, 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
~~Business Services~~
P.O. Box 6327
Tallahassee, Florida 32314

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