

P14000068995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

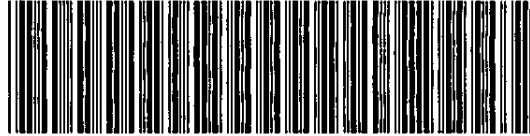
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **BOB RICE, P.A.**

(Name of Corporation)

DOCUMENT NUMBER: **P14000065995**

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

Please return all correspondence concerning this matter to the following:

BETTY R RICE

(Name of Person)

BOB RICE, P.A.

(Name of Firm/Company)

10421 CHORLTON CIRCLE

(Address)

ORLANDO, FL 32832

(City/State and Zip Code)

For further information concerning this matter, please call:

BOB RICE

(Name of Person)

at **(407) 535-1060**

(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, BETTY R RICE, hereby resign as VICE PRESIDENT
(Title)

of BOB RICE, P.A.
(Name of Corporation)

P14000065995, 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

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