## P14000098174

(Re	equestor's Name)	
(Ad	idress)	
·	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates (	of Statue
Certified Copies	_ Certificates (	or Gratus
Special Instructions to	Filing Officer:	

Office Use Only



500302706515

08/21/17--01026--029 \*\*35.00



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Two Conchs towerast team (Name of Corporation)
DOCUMENT NUMBER: P14000098174
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 Schub Chow (Name of Person)
Two Conchs Tournament team (Name of Firm/Company)
504 SE 974 91
(Address)  Cape Coral F1 33990  (City/State and Zip Code)
For further information concerning this matter, please call:    John Schwerhow   at (235) 209-7682     (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 Tallahassec, FL 32314 **Street Address:** 

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l	DANIEL J. GRIFFIN hereby resign as RESIDENT	
of_	TWO CINCHS TOURNAMENT TERM (Name of Corporation)	
	P1400098174	
	Florian	
	2817 AUG 21	1. N. W. S. J.
	(Signature of resigning officer/director)	ร"์ เ

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