

P14000.102129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

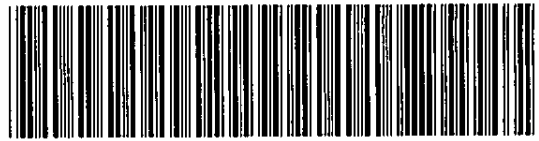
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600294881566

01/30/17--01024--004 \*\*35.00

2017 JAN 30 P 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FEB 01 2016

T. LEMIEUX

DO

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PEOPLES PROVIDER INC.  
(Name of Corporation)

DOCUMENT NUMBER: PI4 600 102 129

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

Please return all correspondence concerning this matter to the following:

DOUG EVANS  
(Name of Person)

PEOPLES PROVIDER INC.  
(Name of Firm/Company)

P.O. BOX 303  
(Address)

DEERFIELD BEACH, FL 33443  
(City/State and Zip Code)

For further information concerning this matter, please call:

DOUG EVANS at 954 800-5036  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

X **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

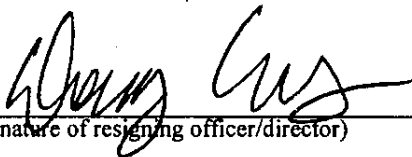
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DOUG EVANS, hereby resign as VP  
(Title)

of PEOPLES PROVIDER, INC  
(Name of Corporation)

114000102129, 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

2017 JAN 30 P 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**