PISODOOOOOOO

(R	equestor's Name)	
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(A	ddress)	
(A	ddress)	
. (C	ity/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(D	ocument Number)	
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R. WHITE



TRANSMITTAL LETTER

Lindsay Pope Brayfield Clifford & Associates, Inc. (Name of Corporation) DOCUMENT NUMBER: P15000000666 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Winford V. Lindsay (Name of Person) Lindsay Pope Brayfield Clifford & Associates, Inc. (Name of Firm/Company) 344 West Pike Street (Address) Lawrenceville, GA 30046 (City/State and Zip Code) For further information concerning this matter, please call: Winford V. Lindsay Area Code & Daytime Telephone Number) (Name of Person)

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

TO:

Amendment Section Division of Corporations

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_I Greg Brayfield	hereby resign as Treasurer
Lindsay Pone Bra	yfield Clifford & Associates, Inc.
of (Na	me of Corporation)
P15000000666 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·

FILING FEE IS \$35.00

nature of resigning of er/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314