P1500000 9284

(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:					





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02/26/15--01006--027 **166.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 0 4 2015 T. CARTER

TRANSMITTAL LETTER

Division of Corporations WCMS CORP **SUBJECT:** (Name of Corporation) P15000009284 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOYCE M. FOLTZ (Name of Person) WCMS CORP (Name of Firm/Company) 1790 ASTOR FARMS PLACE (Address) SANFORD, FL 32771 (City/State and Zip Code) For further information concerning this matter, please call: JOYCE M. FOLTZ (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section

Division of Corporations 2661 Executive Center Circle

Tallahassee, FL 32301

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 FEB 26 PM 2: 39

I,	VICTOR T. FOLT	ΓZ , hereby	resign as VICE PRESIDENT			
/			(Title)			
of WCMS CORP						
	(Name of Corporation)					
	(Document Number, if known)	, a corporation org	ganized under the laws of the State of			
	FLORIDA					
		~				
		(Signature of resigning)	fficer/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