

P15 0000 17358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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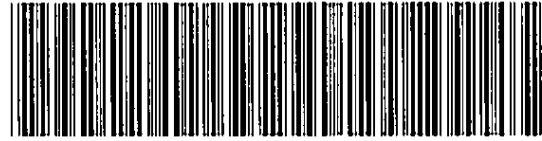
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TONY ROLLAND, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P15 0000 17358

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

Please return all correspondence concerning this matter to the following:

ANTHONY ROLLAND  
(Name of Person)

TONY ROLLAND, INC.  
(Name of Firm/Company)

436 W PALM VALLEY DR  
(Address)

OVIEDO FL 32765  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY ROLLAND at (407) 760-6023  
(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  
Tallahassee, FL 32314

**Street Address:**


Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DOWNA ROLLAND, hereby resign as DIRECTOR  
(Title)

of TONY ROLLAND, INC.  
(Name of Corporation)

P15 00017358, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

1737  
1-1-17

**FILING FEE IS \$35.00**

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