## P150000a1819

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT. CHARITY MEMORABILIA, INC

(Name of Corporation)

DOCUMENT NUMBER: P15000021819

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

Please return all correspondence concerning this matter to the following:

CHRISTOPHER C. COYLE

(Name of Person)

CHARITY MEMORABILIA, INC

(Name of Firm/Company)

14004 ROOSEVELT BLVD.

(Address)

CLEARWATER, FL 33762

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER C. COYLE at 813 810-8886

(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
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

$_{_{ m I}}$ CHRISTOPHER C. (	COYLE, hereby resign as SECRETARY
	(Title)
of CHARITY MEMOR	RABILIA, INC
(Nam	e of Corporation)
P15000021819	, a corporation organized under the laws of the State of
(Document Number, if known)	, •
FLORIDA	

CHRISTOPHER C. COYLE

Digitally signed by CHRISTOPHER C. COYLE DN: cn=CHRISTOPHER C. COYLE, o, ou, email=INFO@GCG1.COM, c=US Date 2015 09 15 08:34:55 -04'00'

(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

