

P15000061897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

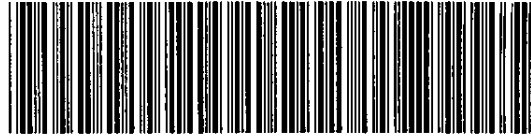
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200276160832

08/20/15--01016--015 **35.00

FILED
15 AUG 20 PM 4:16

AUG 21 2015
C McNAIR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Casual Concepts Inc.
(Name of Corporation)

DOCUMENT NUMBER: P15000061897

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

Please return all correspondence concerning this matter to the following:

Melanie Moore

(Name of Person)

Casual Concepts Inc

(Name of Firm/Company)

9799 Old St Augustine Rd

(Address)

Jacksonville, FL 32257

(City/State and Zip Code)

For further information concerning this matter, please call:

Katisha Hill

(Name of Person)

at (904) 219-1127

(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

FILED
15 AUG 20 PM 4:16


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Melanie Moore, hereby resign as Treasurer
(Title)

of Casual Concepts Inc.
(Name of Corporation)

P15000061897, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED
15 AUG 20 PM 4:16

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