

P15000071852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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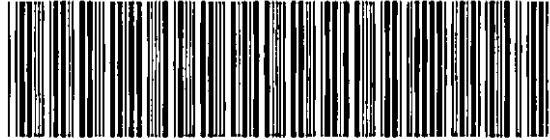
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TALLAHASSEE, FL

FILED

69

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRANZLABS INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000071852

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

Please return all correspondence concerning this matter to the following:

LEON WILLIAMS

(Name of Person)

TRANZLABS INC.

(Name of Firm/Company)

217 N. WESTMONTE DRIVE, SUITE 3019

(Address)

ALTAMONTE SPRONGS, FL. 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

LEON WILLIAMS

(Name of Person)

470 981-2865

at ( )  
(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**

**FILED**  
2022 JUL -6 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, STEVEN WILLIAMS, hereby resign as DIRECTOR  
(Title)

of TRANZLABS INC.  
(Name of Corporation)

P15000071852.  
(Document Number, if known)  
a corporation organized under the laws of the State of  
FLORIDA



\_\_\_\_\_  
(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