

P/5000094699

(Requestor's Name)

(Address)

(Address)

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*Resignation
to officer*

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FILED
16 APR 21 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2016
A RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POB RESTAURANTS I.N.C.
(Name of Corporation)

DOCUMENT NUMBER: P15000094699

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

Please return all correspondence concerning this matter to the following:

PATRICK OBRIEN SR
(Name of Person)

341 FULL MOON TRAIL
(Name of Firm/Company)
(Address)

JACKSONVILLE FL 32225
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICK OBRIEN at (386) 506-1694
(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**

FILED

16 APR 21 PM 3:16

I, PATRICK OBRENSKE, hereby resign as President
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(Title)

of POB RESTAURANTS I.N.C
(Name of Corporation)

P15000094699, a corporation organized under the laws of the State of
(Document Number, if known)


(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