Plocopy B18

(Requestor's Name)	
(Address)	
(Address)	
(C)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entry Name)	
(Document Number)	-
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
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S. YOUNG

TRANSMITTAL LETTER.

TO: Amendment Section Division of Corporations	
SUBJECT: Musgrove Florist, Inc. (Name of Corporation)	_
DOCUMENT NUMBER: P16000007818	_
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fil	ing
Please return all correspondence concerning this matter to the following:	
Mindy Adams-Clayton	
(Name of Person)	
Musgrove Florist, Inc.	
(Name of Firm/Company)	
PO Box 18166	
(Address)	
Panama City Beach, FL 32417	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Mindy Adams-Clayton at (863) 325-6358	
(Name of Person) (Area Code & Daytime Telephone Number	<u>.</u> r)

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

L Douglas Terry Clayt	
Musarove Florist In	(Title)
of Musgrove Florist, Ir	of Corporation)
P16000007818 (Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	
	FILE TO THE SER IT IN THE SER
Daugh	Ignature 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