

P16000 027 719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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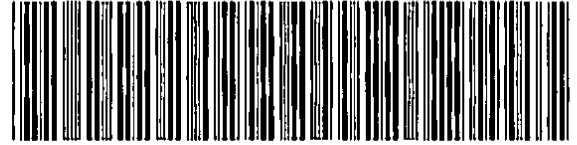
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **PARAGON PROJECTS, INC**  
(Name of Corporation)

DOCUMENT NUMBER: **P16000027719**

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 DAVID WARD**

(Name of Person)

(Name of Firm/Company)

**15515 94 ST N**

(Address)

**WEST PALM BEACH, FL 33412**

(City/State and Zip Code)

For further information concerning this matter, please call:

**LISA JACMACJIAN**

(Name of Person)

at **954 941-7822**

(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

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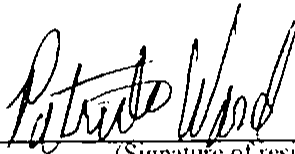
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, PARTICK DAVID WARD, hereby resign as TITLE OFFICER  
(Title)

of PARAGON PROJECTS INC.  
(Name of Corporation)

P16000027719, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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