## P16000041847

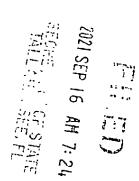
(Requestor's Name)		
(Address)	<del></del>	
(Address)		
(City/State/Zip/Phone	e #)	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates	of Status	
Special Instructions to Filing Officer:		





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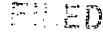


## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
CLB Holdings Corp		
	(Name of Corporation)	
DOCUMENT NUMBER: P16000041847		
The enclosed Officer/Director Resignation	o for a Corporation and fee are submitted for filing	
Please return all correspondence concerning	ng this matter to the following:	
Christopher Brown		
(Name of Person)		
CLB Holdings Corp		
(Name of Firm/Company	)	
1739 MORGANS MILL CIRCLE Suite 201		
(Address)	<del></del>	
ORLANDO, FL 32825		
(City/State and Zip Code	)	
For further information concerning this ma	atter, please call:	
Christopher Brown	at (407 617-3059 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



2021 SEP 16 AM 7: 24

Maurice Law I.	Officer hereby resign as	SEORE OF STATE TALLAFASSEE, FL
		(Title)
CLB Holdings Corp		
(Name c	f Corporation)	,
P16000041847	, a corporation organized under th	e laws of the State of
(Document Number, if known)		
Florida	÷	
	gnature 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