## P16 0000 H2279

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

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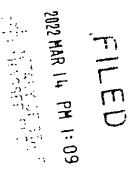
Office Use Only



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resignation to typicar

03/14/22--01015--008 \*\*35.00



A. RAMSEY MAR 2 5 2022

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Villages Estate Liquiclations (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
13315 SE 10 and CE (Address)
Rollew Fl 34400 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (352) 602-8780 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Amendment Section

**Division of Corporations** 

The Centre of Tallahassee

Street Address:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
2022 MAR 14 PM 1: 09

I, Kristin Gogne	, hereby resign as	President (Title)
of VIII (905 FS) (Name of Corpor	olations, Inc.	<del></del> _
(Document Number, if known)  Flori OO	poration organized under the lav	vs of the State of
Mr. Dun	Lana	

## 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