

# PI6000078627

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

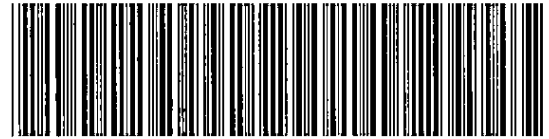
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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JUL 13 2019  
S. YOUNG

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Absolute Innovation co.  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000078627

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

Please return all correspondence concerning this matter to the following:

**Diana Schumaker**

(Name of Person)

**Absolute Innovation co.**

(Name of Firm/Company)

**P O Box 1388**

(Address)

**Sorrento Fl. 32776**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Diana Schumaker**

(Name of Person)

at ( **386** ) **5901928**

(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:**

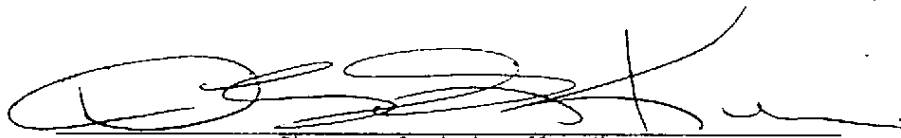
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Diana Schumaker, hereby resign as CFO & Secretary  
(Title)

of Absolute Innovation co.  
(Name of Corporation)

P16000078627, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

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JUL 1 11 10

**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