# P1000084939

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #}
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



07/10/17--01012--006 \*\*35.00



C. GOLDEN JUL 12 2017

# TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations



# 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:



For further information concerning this matter, please call:

(Name of Person) (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

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a on a 2, hereby resign as\_ Presido el1 105e7 (Title) - Sulution of Van X \_, a corporation organized under the laws of the State of (Document Number, if known) lorida (Signature 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

2017 JUL 1 0 AM 11: 4 0 FILED