

P16 000090048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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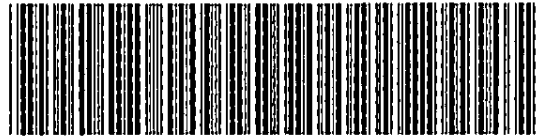
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

JQ 09/30/20

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Signs Key West FL Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P16C0C090048

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

Please return all correspondence concerning this matter to the following:

Carrie D. Johnston  
(Name of Person)

Signs Key West FL Inc.  
(Name of Firm/Company)

1317 Elizabeth Street  
(Address)

Key West FL 33040  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carrie Johnston at (305) 731-8557  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303