

P16000094544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

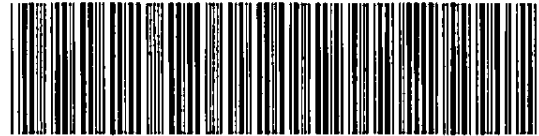
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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WAYFARE BRASS INC.  
(Name of Corporation)

DOCUMENT NUMBER: P16000094544

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

William J. WHELBEE  
(Name of Person)

WAYFARE BRASS  
(Name of Firm/Company)

809 MEADOW LANE  
(Address)

FOOT WALTON BEACH FL 32547  
(City/State and Zip Code)

For further information concerning this matter, please call:

William J. WHELBEE at ( 757 ) 256 5949  
(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

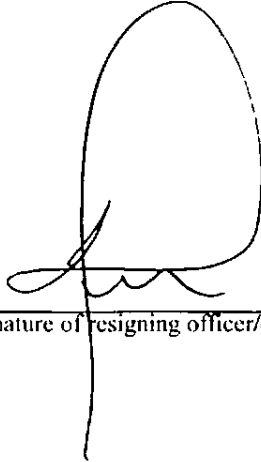
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Iraias Da Silva, hereby resign as VP  
(Title)

of Wayfarer Breeze Inc  
(Name of Corporation)

P16000094544, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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