## P17000003624

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	J DZ. C D
	JUT 2 1 13





600430461966

05,755,754 -01027--020 \*\*35.00

2024 F.Y 28 F.I 2: 33

## TRANSMITTAL LETTER

SUBJECT: TJ: Scruces of CTL F1, I (Name of Corporation)	<u> </u>
DOCUMENT NUMBER: # 1700000304	
The enclosed Officer/Director Resignation for a Corporation and fee are sub	mitted for filing.
Please return all correspondence concerning this matter to the following:	
Matthew Weekley (Name of Person)	
(Name of Firm/Company)	
7495 St 105th PL (Address)	
Sellewes Fl 34420 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (354) 266 - 7339 (Area Code & Daytime Tele	1 phone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of S	tate.
Mailing Address: Street Address:	

Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Thomas D Josephson, hereby resign as Resident (Title)
of T.J.'s Services of TLFI Tue.  (Name of Corporation)
## P17
Flarida
(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