111000023224

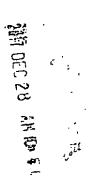
(Requestor's Name)		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
· (Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
_		

Office Use Only



600307002356

12/28/17--01005--008 **70.00



THOS SOLD

TRANSMITTAL LETTER

Division of Corporations VIOLET ASH INC. (Name of Corporation) DOCUMENT NUMBER: P17000023224 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KAROLYN FOX (Name of Person) VIOLET ASH INC. (Name of Firm/Company) 8550 LEWIS RIVER RD. (Address) DELRAY BEACH, FL 33446 (City/State and Zip Code) For further information concerning this matter, please call: KAROLYN FOX

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

Amendment Section

TO:

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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JOANN HESKIN	, hereby resign as DIRECTOR
1,	(Title)
of VIOLET ASH INC.	
(Name	of Corporation)
P17000023224 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	·
	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