

018000002862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

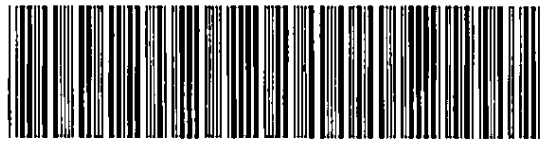
(Business Entity Name)

(Document Number)

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MAY 30 2018

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010-Resign

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WILD FRONTIERS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P18000002862

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

Please return all correspondence concerning this matter to the following:

**JAY LUCAS**

(Name of Person)

**WILD FRONTIERS INC**

(Name of Firm/Company)

**533 N. NOVA RD STE 206**

(Address)

**ORMOND BEACH FL 32174**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JAY LUCAS**

(Name of Person)

at ( **386** ) **679-8579**

(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**

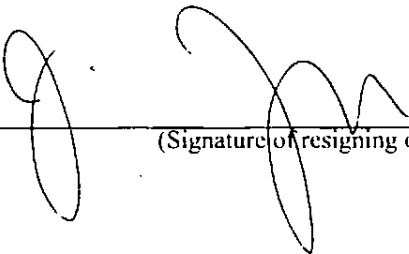
I, JAY LUCAS, hereby resign as PRESIDENT  
(Title)

of WILD FRONTIERS, INC.  
(Name of Corporation)

P18000002862

(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

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18 MAY 29 PM 3:37