

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		s of Status
Special Instructions to Filing Officer:		





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Storm Enforcement Inc	
(Name of Corpor	ation)
DOCUMENT NUMBER: P18000006787	
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Chester Forbes	
(Name of Person)	-
Storm Enforcement Inc	
(Name of Firm/Company)	•
141 SE 3Rd Street	
(Address)	-
Satellite Beach FL 32937	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Chester Forbes at (Mame of Person) at (Area Code)	591-5053 e & 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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Chester Forbes	. hereby resign as VP
	(Title)
of Storm Enforcement	·
P18000006787 (Document Number, if known)	e of Corporation), a corporation organized under the laws of the State of
Florida	
Clush	Signature of resigning officer/director) AH AH

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314