P18000040348

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	i
	1

Office Use Only



800321588288

12/12/18--01011--017 **35.00

18 0EC 12 MM N: 21 030 8E

neutonpiers a/o

DEC 1 4 2018 D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: FLORIDA SUN PROFESSIONALS, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: P18000040348	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JOHN D. PRUTSMAN	
(Name of Person)	
FLORIDA SUN PROFESSIONALS, INC.	
(Name of Firm/Company)	
276 VALENCIA ROAD	ā
(Address)	o, c
DEBARY, FL 32713	
(City/State and Zip Code)	: :
For further information concerning this matter, please call:	3 10° 0°
JEFF PRUTSMAN _{at (} 407) 310-2847	•
(Name of Person) (Area Code & Davtime 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

, JEFFREY D. PRUTSI	, hereby resign as	
01	OFESSIONALS, INC.	
(Name of	f Corporation)	
P18000040348 (Document Number, if known)	_ a corporation organized under the laws of the State of	
FLORIDA	·	
M My (Sig	gnature of resigning officer/director) AH 10: 21:	AND THE STATE OF STATES OF

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