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5259

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OP-Resign

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Captiva Orchid, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P1800005259

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

Please return all correspondence concerning this matter to the following:

Natalie Remond  
(Name of Person)

Captiva Orchid  
(Name of Firm/Company)

405 5<sup>th</sup> Ave S  
(Address)

Naples, FL 34102  
(City/State and Zip Code)

For further information concerning this matter, please call:

Renata Molfino at (239) 673-0100  
(Name of Person) (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, Natalie Remond, hereby resign as President  
(Title)

of Captiva Orchids Inc.  
(Name of Corporation)

P1800005259  
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA

Natalie RS  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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