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(Re	questors Name)	
		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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(Da	and Numbers	
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: POPS (MCKEN and water) Off DOCUMENT NUMBER: POOD 12801
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: CONCULO CONCULO CONCERNO CO
For further information concerning this matter, please call:
(Name of Person) at (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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(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