

P1800000 84502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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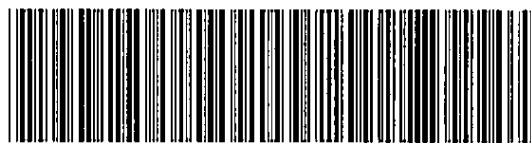
(Business Entity Name)

(Document Number)

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MAR 11 2019

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19 MAR -11 PM 5:05

O/P Reim



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2019

PAUL O'BRIEN  
PAUL'S CYCLE REPAIRS AND ACCESSORIES INC  
1915 TALLY ROAD  
LEESBURG, FL 34748

SUBJECT: PAUL'S CYCLE REPAIRS AND ACCESSORIES INC.  
Ref. Number: P18000084502

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 519A00003535

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PAUL'S CYCLE REPAIRS AND ACCESSORIES INC.  
\_\_\_\_\_  
(Name of Corporation)

DOCUMENT NUMBER: P18000084502  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Paul O'Brien  
\_\_\_\_\_

(Name of Person)

PAUL'S CYCLE REPAIRS AND ACCESSORIES INC.  
\_\_\_\_\_

(Name of Firm/Company)

1915 TALLY ROAD  
\_\_\_\_\_

(Address)

Leesburg, FL 34748  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul O'Brien  
\_\_\_\_\_

(Name of Person)

at (857) 266-0995

(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, Karen O'Brien, hereby resign as Director  
(Title)

of PAUL'S CYCLE REPAIRS AND ACCESSORIES INC.  
(Name of Corporation)

P18000084502, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

XX  
(Signature of resigning officer/director)

NOTE: RESIGNING DIRECTOR IS ESTRANGED, AND THE PRESIDENT OF  
THE COMPANY, MR. PAUL O'BRIEN IS SIGNING BELOW FOR THIS  
DOCUMENT TO APPROVE OF THE RESIGNATION

Paul O'Brien  
(Signature of President, approving resignation of Karen O'Brien)

**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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