

PIA 000000 1651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

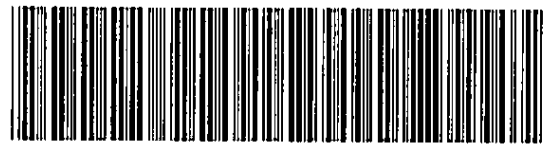
(Business Entity Name)

(Document Number)

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R. WHITE
AUG 09 2021

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael D. Briggs, P.A., Florida Profit Corporation

(Name of Corporation)

DOCUMENT NUMBER: P19000001651

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

James Lloyd

(Name of Person)

(Name of Firm/Company)

9520 Portside Dr

(Address)

Fort Pierce, FL 34945

(City/State and Zip Code)

For further information concerning this matter, please call:

James Lloyd

(Name of Person)

at (772) 713-0815
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

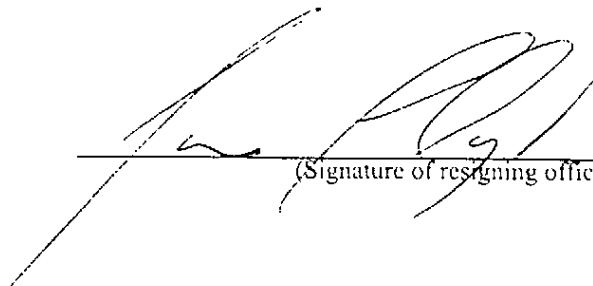
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, James Lloyd, hereby resign as Title Officer
(Title)

of Michael D. Briggs, P.A.
(Name of Corporation)

P19000001651, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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