## P1900000 9340

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





700335925057

10/29/19--01012--027 \*\*35.00

S. YOUNG

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Industrials Untivolted Corporation)
DOCUMENT NUMBER: PICOCCO 9340
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Industrials Unimited Coop (Name of Firm/Company)
15840 HW 80CT (Address)
Miorni Florida 33015 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (TSG) TCZI - GG \ (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

CR2E044 (05/13)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Wilder Reporch	, hereby resign as(Title)
of Industricus Uc	ninited Corp.
(Document Number, if known)	orporation organized under the laws of the State of
Florida	
·	
(Signatur	e 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

<del>(</del>3)