

P19000023649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

(Document Number)

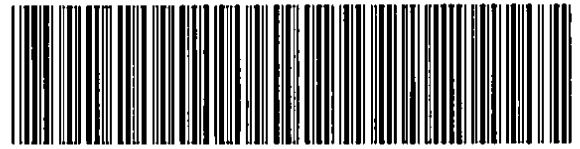
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PKINNS DERMATOLOGIST CO

(Name of Corporation)

DOCUMENT NUMBER: P19000023649

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

Please return all correspondence concerning this matter to the following:

WILLIAM MAYVILLE

(Name of Person)

PKINNS DERMATOLOGIST CO

(Name of Firm/Company)

270 LOCHA DR

(Address)

JUPITER, FL 34986

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLAIME MAYVILLE

305-773-5155

(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:

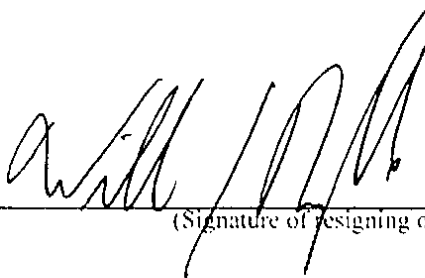
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, WILLIAM MAYVILLE, hereby resign as CEO
(Title)

of PKINNS DERMATOLOGIST CO
(Name of Corporation)

P19000023649, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

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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