

PI9000 029 218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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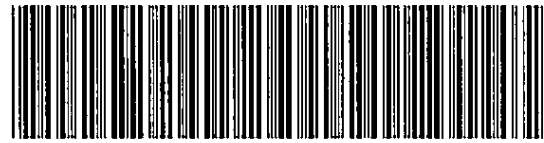
(Business Entity Name)

(Document Number)

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OCT 20 2019

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CMR Promotions Unlimited, INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P19000029218  
\_\_\_\_\_

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 L Gann

\_\_\_\_\_  
(Name of Person)

CMR Promotions Unlimited, INC

\_\_\_\_\_  
(Name of Firm/Company)

4241 Cloverleaf Place

\_\_\_\_\_  
(Address)

Casselberry, FL 32707

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Colin Ray 980 320-3849  
\_\_\_\_\_  
(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

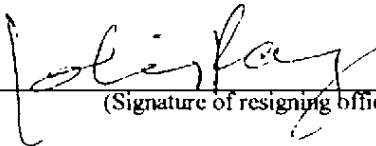
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Colin Ray, hereby resign as SH  
(Title)

CMR Promotions Unlimited INC  
of \_\_\_\_\_,  
(Name of Corporation)

P19000029218

\_\_\_\_\_, 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