P19000075387

	Requestor's Name)	
(Address)	
	Address)	
	City/State/Zip/Phone #)	
	—	—
☐ PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
L	<u> </u>	

Office Use Only



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010 Resignation

JAN 23 2021 D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
·	go Summits, Inc. (Name of Corporation)	
DOCUMENT NUMBER: 1919	000015387	
The enclosed Officer/Director Resignation	ion for a Corporation and fee are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
(Name of Person)	26	
(Name of Firm/Compar	nnits, Inc.	
7322 Manate (Address)	e Ave W Box #284	
Bradenton F (City/State and Zlp Cod	L 34209 (c)	
For further information concerning this r	matter, please call:	
Rob Muise (Name of Person)	at (941) 447-5585 (Area Code & Daytime Telephone Number)	20
Enclosed is a check for \$35.00 made pay	able to the Florida Department of State.	20 OFC -7
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	6 3 4 8 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>Kester Van Fleet</u> , hereby resign as <u>Principal</u>
of Mingo Summits Inc. (Name of Corporation)
7190000 7538 Ta 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

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