P20000008084

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: WEST MANATEE CFM INC	(Name of Corporation)	
DOCUMENT NUMBER: P20000008084	(Name of Corporation)	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing	
Please return all correspondence concerni-	ng this matter to the following:	
HASSAN LALANI		
(Name of Person)	 	
WEST MANATEE CFM INC		
(Name of Firm/Company)	
6724 MANATEE AVE W		
(Address)		
BRADENTON, FL 34207		
(City/State and Zip Code)	
For further information concerning this m	atter, please call:	
HASSAN LALANI	at (941 807-1075 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

HABIB LALANI I,	MGR hereby resign as	
· · · · · · · · · · · · · · · · · · ·	, nereby resign as	(Title)
WEST MANATEE CFM INC		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(Name of Corporation)	,·,·
P20000008084	a corporation organized under the	ne laws of the State of
(Document Number, if kno	own)	
FLORIDA		
		2022 AUS
	(Signature of resigning officer/director)	3 25 PH 1: 4

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