

P20000054880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

O/D Resign

Office Use Only



600413911726

S. CHATHAM

08/14/23--01032--016 ++35.00

SEP 13 2023

2023/09/14 AM 9:18
SEP 13 2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Officer

(Name of Corporation)

DOCUMENT NUMBER: P20000054880

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

Please return all correspondence concerning this matter to the following:

Luiza C. June

(Name of Person)

JUNE PROPERTY SERVICES INC.

(Name of Firm/Company)

5116 Arbor Glen Cir

(Address)

Lake Worth, FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert D. June

(Name of Person)

at (561 951-3994)

(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

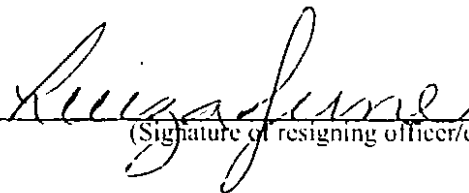
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Luiza C. June, hereby resign as Vice President
(Title)

of JUNE PROPERTY SERVICES INC.
(Name of Corporation)

P20000054880, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

2023 JUN 16 AM 9:18

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