

PZ0 00000 76488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

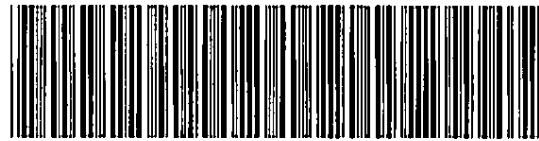
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400355236754

11/23/20--01020--010 **35.00

AM 09 2021
S. YOUNG

2020 NOV 23 AM 11:42

FILED

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: White Glove Outdoor Care INC.
(Name of Corporation)

DOCUMENT NUMBER: P20000076488

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

Please return all correspondence concerning this matter to the following:

Cameron McCeldry
(Name of Person)

White Glove outdoor Care Inc
(Name of Firm/Company)

6160 Riverlake Blvd
(Address)

Bartow Florida 33830
(City/State and Zip Code)

For further information concerning this matter, please call:

Cameron McCeldry at (863) 899-8995
(Name of Person) (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

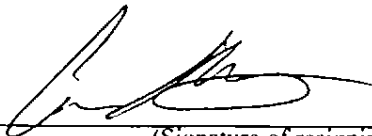
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Cameron McCeldry, hereby resign as President
(Title)

of White Glove Outdoor Care INC
(Name of Corporation)

P20000076488, a 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

2020 NOV 23 AM 11:42

FILED