P23000037500

| (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 | | | |



08/17/23--01019--007 **35.00

3___3





TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations**

| SUBJECT:_ | Felch | Street | Inc. |
|-----------|-------|--------|-----------------------|
| | | | (Name of Corporation) |

DOCUMENT NUMBER: \$13000037500

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

Please return all correspondence concerning this matter to the following:

Miller Samara

(Name of Person)

street Inc. Felch

(Name of Firm/Company)

9497 SW 183rd Ne.

(Address)

Miramar, FL 33029 (City/State and Zip Code)

For further information concerning this matter, please call:

Samara Miller

(Name of Person)

at (<u>954</u>) <u>594 - 4169</u> (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

2023 AUG 17 PH 4:20

NE STATE

1. Samara Miller

____, hereby resign as ______

(litle)

of Felch Street Inc.

(Name of Corporation)

P23000037500, a corporation organized under the laws of the State of (Document Number, if known)

Florida

Samara Mille

(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