## P23000077496

| (Requestor's Name)                      |
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|   |
| (Address)                               |
|   |
| (Address)                               |
| (1.001.033)                             |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (4                                      |
| (D)                                     |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| C .: 11                                 |
| Special Instructions to Filing Officer. |
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2024 SEP -3 AM II: 53

## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: PENSACUA TARRESTATE PANN THE (Name of Corporation)                                  |
| DOCUMENT NUMBER: P23 0000 77496  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following:                    |
| (Name of Person)   |
| TENSACOLA FATERSTATE PAWN INC. (Name of Firm/Company)  |
| 7800 E. OLIVE RO (Address)   |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:                                 |
| (Name of Person) at (850) 450-4283<br>(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

10 m

| Ι,            | Howard M. Letell, hereby resign as KES, DENT (Title)   |
|---------------|--|
| of_           | PENSAPULA INTERSTARE PANN, INC. (Name of Corporation)  |
| . <del></del> | P23 000 77496, a corporation organized under the laws of the State of (Document Number, if known)  |
|               | FLORINA.   |
|               | (Signature of resigning officer/director)  (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