P93000009528

(Requestor's Name)
(requestors reality)
(Address)
(Address)
<u> </u>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
TICK-OF WAIT
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Openial management to 1 ming officer.
Office Use Only



700368715347

06/29/21--01032--008 **35.00

2021 JUN 29 AH 10: 52

CDRES

JUL 2:5 2021

I ALBRITTON

TRANSMITTAL LETTER

TRI-COUNTY EQUIPMENT, INC. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: P93000009528 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTINE SCHUTT (Name of Person) TRI-COUNTY EQUIPMENT, INC. (Name of Firm/Company) 4182 S. UNIVERSITY DRIVE (Address) **DAVIE, FL 33328** (City/State and Zip Code) For further information concerning this matter, please call: CHRISTINE SCHUTT (Name of Person) Enclosed is a check for \$35.00 made payable 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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

RICHARD OWEN	VICE PRESIDENT, hereby resign as	
	(Title)	
TRI-COUNTY EQUIPMENT, IN		
	(Name of Corporation)	
P93000009528 (Document Number, if known	a corporation organized under the laws of the State of	
FLORIDA	 ·	
((Signature of resigning officer/director) AH 10: 52	

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