

PA 3000031370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER: P93000031370

(Name of Person)

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

561

at (_____)

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

SUSAN LEIGHTON VP
I, _____, hereby resign as _____
(Title)

FLORIDIAN AIR, INC.
of _____
(Name of Corporation)

P93000031370
_____, 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