

P93000035390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

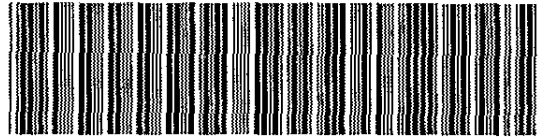
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

Midway Learning Center, Inc
8682 State Road 21
Melrose, FL 32666

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: P 93 0000 353 90

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

Please return all correspondence concerning this matter to the following:

PAUL A KENDALL
(Name of Person)

(Name of Firm/Company)

Midway Learning Center, Inc
8682 State Road 21
Melrose, FL 32666

Midway Learning Center, Inc
8682 State Road 21
Melrose, FL 32666

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL A KENDALL at (352) 475-2132
(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
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

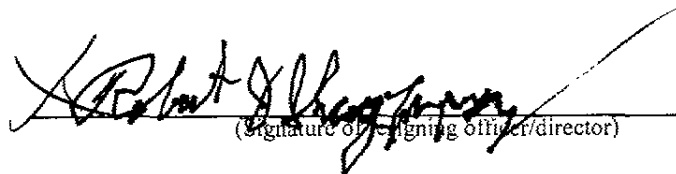
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02 DEC -9 PM 12:11

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I, Robert J. Shaugnessy, hereby resign as Director
Midway Learning Center, Inc. (Title)
8682 State Road 21
Melrose, FL 32666
of Midway Learning Center, Inc.
8682 State Road 21
Melrose, FL 32666
(Name of Corporation)

993000035390, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of signing 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