P93000065501

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	<u> </u>
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
Herdman & Sakellarides, P.A. SUBJECT:		
	(Name of Corporation)	
DOCUMENT NUMBER: P93000065501		
The enclosed Officer/Director Resignation f	or a Corporation and fee are submitted for filing	
Please return all correspondence concerning	this matter to the following:	
John M. Sakellarides		
(Name of Person)		
John M. Sakellarides, P.A.		
(Name of Firm/Company)		
1106 Ashland Avenue		
(Address)		
Tarpon Springs, Florida 34689		
(City/State and Zip Code)		
For further information concerning this matter	ter, please call:	
John M. Sakellarides	at (727)271-8623 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payabl	e 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	
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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

John M. Sakellarides I,, hereby resign as(Tit		·	
		(Title)	
Herdman & Sakellarides, P.A. of			
(Na	me of Corporation)		– ,
P93000065501 (Document Number, if known)	, a corporation organized under the laws	of the State of	
Florida			
	 ,		
	(Signature of resigning officer/director)		
		2022 JUN 29	T)
	FILING FEE IS \$35.00	PM 2:	
Make checks payab	le to Florida Department of State and ma	49(4)	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314