

P94000047059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

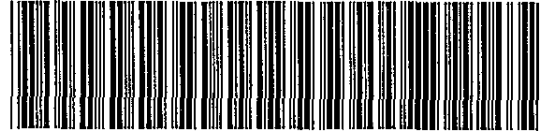
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200015441112

04/10/03--01052--018 **35.00

FILED
03 APR 10 AM 10:03
CLERK OF STAFF
TREASURY DEPT. FIN. 03/10

P94000047059
3/20/03 Res
4-10-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mathis & Associates of Sarasota, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P94000047059

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

Please return all correspondence concerning this matter to the following:

Michael L. Collingwood
(Name of Person)

ML COLLINGWOOD - G.C., Inc.
(Name of Firm/Company)

3139 South Gate Circle
(Address)

Sarasota, FL 34239
(City/State and Zip Code)

For further information concerning this matter, please call:

Angie Lyons at (941) 365-8333
(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

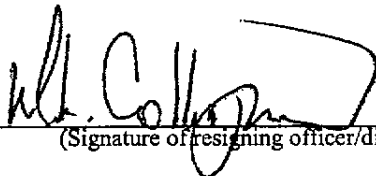
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael L. Collingwood, hereby resign as Director _____
(Title)

of Mathis & Associates of Sarasota, Inc. _____,
(Name of Corporation)

P94000047059 _____, a corporation organized under the laws of the State of
(Document Number, if known)

Florida _____.



(Signature of resigning officer/director)

FILED
03 APR 10 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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