P94000087374

(Requestor's Name)		
(Address)		
(Add	ress)	
(City.	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



300275839773

resignation To Typicer

08/10/15--01014--026 **35.00





TRANSMITTAL LETTER

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Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

TO:

Amendment Section Division of Corporations

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

of CIRCLE FOUR INC

(Name of Corporation)

P9400087374

(Document Number, if known)

FORIOR

AMASSEE, FLORID

(Title)

A corporation organized under the laws of the State of

FORIOR

FILED

Jeanne 2 Co. (Signature of resigning officer/director) $\frac{08/05/15}{\text{(Signature of resigning officer/director)}}$

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