P9500011465

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	:
		:
ינ	Office Use Or	



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12/10/14--01009--007 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDI

DEC 16 2014 T. CARTER

TRANSMITTAL LETTER

	of Corporation)
DOCUMENT NUMBER: P95000071465	
The enclosed Officer/Director Resignation for a Cor	rporation and fee are submitted for filing
Please return all correspondence concerning this ma	tter to the following:
John Gordon	
(Name of Person)	
Wildwoods Inc.	
(Name of Firm/Company)	
PO Box 182	
(Address)	
Micanopy, Fl. 32667	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
John Gordon _{at (} 3	52 538-5843 Area Code & Daytime Telephone Number)
(Name of Person) (A	Area Code & Daytime Telephone Number)

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

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

3,

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 DEC 10 PM 3: 34

I, RONALO CILL, hereby resign as VICE PRESIDE	<u>٦</u>
of WILDWOODS NC (Name of Corporation)	
P 9500071465, a corporation organized under the laws of the State of (Document Number, if known)	
FLORIDA	
Tell all	
(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