

P96 000000 7494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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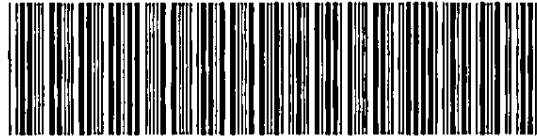
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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80

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STATEWIDE ASSOCIATES INC
(Name of Corporation)

DOCUMENT NUMBER: P96 000007494

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

Please return all correspondence concerning this matter to the following:

THOMAS H. BEMUS
(Name of Person)

STATEWIDE ASSOCIATES INC
(Name of Firm/Company)

100 S ASHLEY DR STE. 600
(Address)

TAMPA FLORIDA 33602
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS BEMUS at (714) 936 6100
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, THOMAS H. BEMIS, hereby resign as OTHER
(Title)

of STATEWIDE ASSOCIATES INC.
(Name of Corporation)

P96000007494, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director) OTHER

SECRETARY OF STATE
TALLAHASSEE, FL.

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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