

P96000025218

Requester's Name

6800 THOMASVILLE RD

Address

THOMASVILLE, FL 32312 811-2885

City/State/Zip

Phone #

{ P.O. BOX 13896 }
{ 32317 }

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. THE BREAK ROOM, Inc Resignation
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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-06/02/00-01075-013
*****43.75 *****43.75

FILED
JUN -2 PM 3:15
TALLAHASSEE, FLORIDA

Examiner's Initials

ADP

6/2/00

OFFICER / DIRECTOR RESIGNATION


FILED
00 JUN -2 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Dianne Hyman, hereby resign as Vice President/Director
(Title)

of The Break Room, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**