

P96000047553

(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



700112102527

11/08/07--01012--003 **70.00

FILED
07 NOV -8 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OID Res.
38

11/05/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILLIAM A. COLLISON JR., P.A.

(Name of Corporation)

DOCUMENT NUMBER: P96000047553

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

Please return all correspondence concerning this matter to the following:

CHRISTINA S. COLLISON

(Name of Person)

LITIGATION CONSULTANTS, INC.

(Name of Firm/Company)

4706 MULLEN ROAD

(Address)

NEW BERN, NC 28560

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINA S. COLLISON

(Name of Person)

at (252) 636-3580

(Area Code & Daytime Telephone Number)

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

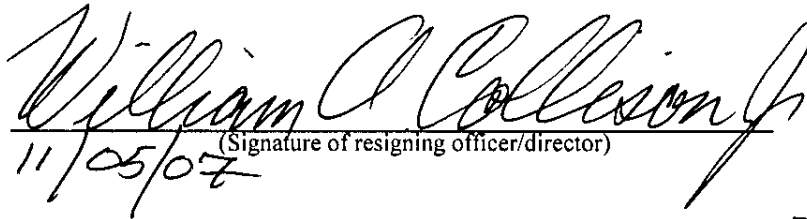
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, WILLIAM A. COLLISON JR., hereby resign as PRESIDENT, VP, SECY
(Title)

of WILLIAM A. COLLISON, JR., P. A.
(Name of Corporation)

P96000047553, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)
11/05/07

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

FILED
07 NOV - 8 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA