P96000048808

(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



400355946684

13/07/20- 01. 9--020 **99.00

2: 16:2: -7 (1): 5: 07

C N 1 (--

JAN 2 2 2021 LALBRITTON

TRANSMITTAL LETTER

Division of Corporations HUNTER & ASSOCIATES P.A. **SUBJECT:** (Name of Corporation) DOCUMENT NUMBER: P96000048808 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEWIS HUNTER (Name of Person) **HUNTER & ASSOCIATES P.A.** (Name of Firm/Company) 4402 BARRINGTON OAKS DRIVE (Address) JACKSONVILLE, FL 32257 (City/State and Zip Code) For further information concerning this matter, please call: at () 571-7471 (Area Code & Daytime Telephone Number) LEWIS HUNTER (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ROBERT D WELLINGTON I.	PRESIDENT , hereby resign as
	(Title)
HUNTER & ASSOCIATES, P.A	. .
<u> </u>	(Name of Corporation)
P96000048808 (Document Number, if know	, a corporation organized under the laws of the State of
FLORIDA	n)

(Signature of resigning officer/director)

-11/4/20 12/3/20

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