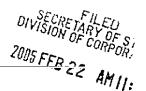
## P96000049560



(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

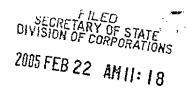
TO: Amendment Section Division of Corporations
SUBJECT: MARCH 124, (Name of Corporation)  DOCUMENT NUMBER: P9600049560
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
287 BATTLEGROVE DRIVE (Address)
DAVENPORT FL 33837 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 2948822 (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
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:

Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, GAIL E. MARSH	hereby resign as VICE PRESIDENT (Title)
	(Title)
of MARSH & MARSH (Name of Corporation	1 <del>/</del> 1/ <sub>1</sub> / <sub>1</sub>
P9600049560, a corporate (Document Number, if known)	ion organized under the laws of the State of
FLORIDA	. · · · ·
Inla	rd.
(Signature of res	signing 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