## P960000 55253

(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
J. HORNE 1,77 1 1 2024

Office Use Only



600425688286

03/20/24--01005--095 \*\*35.00



## OFFICER / DIRECTOR RESIGNATION LED FOR A CORPORATION 2024 MAR 20 PM 12: 20

(Signature of resigning 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