

P96000059712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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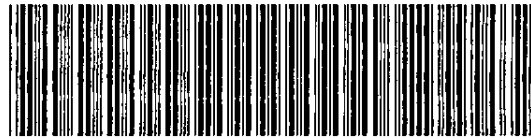
(Business Entity Name)

(Document Number)

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05/09/11--01040--020 **35.00

11 MAY -9 AM 9:42

O/D Resign.

05/19/11

DL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRS ENTERPRISES of North Florida Inc.
(Name of Corporation)

DOCUMENT NUMBER: P96000059712

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

Please return all correspondence concerning this matter to the following:

James Poole
(Name of Person)

CRS ENTERPRISES of North Florida Inc.
(Name of Firm/Company)

7517 Northshores Dr NAVAJO
(Address)

NAVAJO Florida 32566
(City/State and Zip Code)

For further information concerning this matter, please call:

James Poole at (850) 939-1876
(Name of Person) (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, James W. Poole, hereby resign as Vice President
(Title)

of CRS Enterprises of North Florida, Inc.
(Name of Corporation)

P96000059712, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

11 MAY - 9 AM 9:42