796000070194

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		· · · · · · · · · · · · · · · · · · ·

Office Use Only



900275433489

07/29/15--01029--016 **157.50

2015 JUL 29 AM IO: 23

JUL 3 1 2014 C. CARROTHERS

TRANSMITTAL LETTER

SUBJECT: KIRSIE ENTERPRISES, INC. (Name of Corporation)
DOCUMENT NUMBER: P96000072194
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOHN CHARLES COLEMAN (Name of Person)
COLEMAN_AND_COLEMAN(Name of Firm/Company)
Post Office Box 2089 (Address)
Fort Myers FL 33902 (City/State and Zip Code)
For further information concerning this matter, please call:
JOHN CHARLES COLEMAN at (239) 332-5317 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee FL 32301

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, KIRK M. SCHNACK	, hereby resign as DIRECTOR (Title)		
of <u>KIRSIE ENTERPRISES INC</u> (Name of	f Corporation)	,	
(Document Number, if known) FLORIDA Kurk	a corporation organized under the laws of the State of	15 JUL 29 AH 10: 2	

FILING FEE IS \$35.00

KIRK M. SCHNACK

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314