

Pg 6000104030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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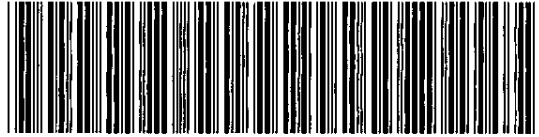
(Business Entity Name)

(Document Number)

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O/D Resign.
11/13/08
Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allen's Osceola Realty Inc.

(Name of Corporation)

DOCUMENT NUMBER: P96000104030

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

Please return all correspondence concerning this matter to the following:

Debra L. Jowers

(Name of Person)

Allen's Osceola Realty Inc.

(Name of Firm/Company)

1135 New York Ave.

(Address)

St. Cloud, FL 34769

(City/State and Zip Code)

For further information concerning this matter, please call:

Debra L. Jowers

(Name of Person)

at (407) 892-5128

(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, Ronn T. Allen, hereby resign as President
(Title)

of Allen's Osceola Realty, Inc.
(Name of Corporation)

P96000104030, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
08 NOV -3 PM 2:03
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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