## P9700007590

(Re	questor's Name)	
<b>,</b>	,	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT .	MAIL
(Bu	siness Entity Nam	ne) <sub>.</sub>
(Do	cument Number)	
(50	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
! !		
÷		

Office Use Only



600245818156

03/21/13--01004--003 \*\*35.00



2

## TRANSMITTAL LETTER

SUBJECT: DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

TO:

Amendment Section **Division of Corporations** 

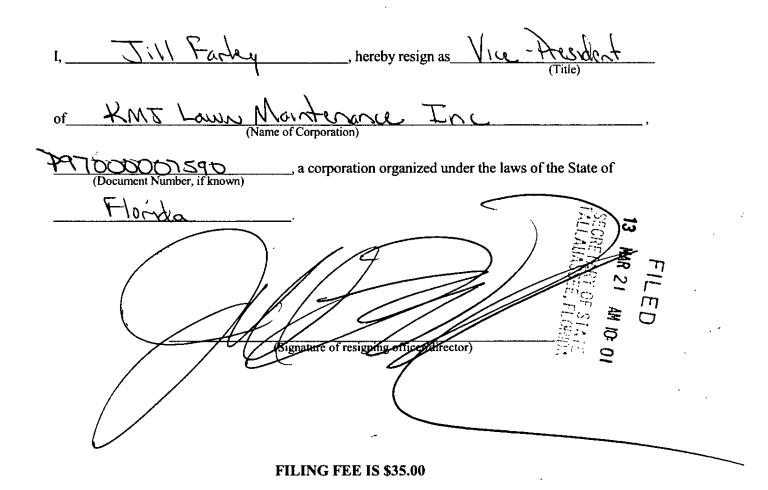
Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Division of Corporations** 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



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

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