97000021955

(Re	equestor's Name))
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		
<u> </u>	 	

Office Use Only



100278877431

100278877431 11/23/15--01006--030 **35.00

NOV 2 4 2015

CLEWIS

TRANSMITTAL LETTER

Charles I Gable INC (Name of Corporation) DOCUMENT NUMBER: P97000021955 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher Medicus (Name of Person) Charles I Gable INC (Name of Firm/Company) 3880 50th Ave NE (Address) Naples FL 34120 (City/State and Zip Code) For further information concerning this matter, please call: Christopher Medicus Area Code & Daytime Telephone Number) (Name of Person)

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

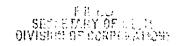
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Amendment Section **Division of Corporations**

> Street Address: **Amendment Section Division of Corporations** 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



15 NOV 23 AM 7: 52

_I Christopher Medicus	, hereby resign as VP , Vice President
***************************************	(Title)
_{of} Charles I Gable inc	
(Name of Corpor	ation)
P97000021955 (Document Number, if known)	poration organized under the laws of the State of
Florida	
(Signature of	of resignificate of ficer/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