

P97000029978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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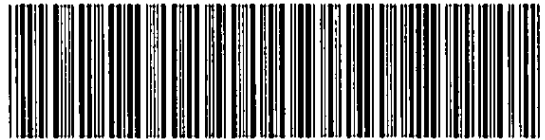
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

OO/resignation

OH
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OKALOOSA EYE CARE PA

(Name of Corporation)

DOCUMENT NUMBER: P97000029978

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

Please return all correspondence concerning this matter to the following:

ASHLEY B. ROGERS

(Name of Person)

DUNLAP & SHIPMAN, P.A.

(Name of Firm/Company)

2063 S. COUNTY HWY. 395

(Address)

SANTA ROSA BEACH, FL 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

ASHLEY B. ROGERS

(Name of Person)

at (850) 231 3315

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, WANDA COOK BATSON, hereby resign as President, Secretary, and Treasurer
(Title)

of OKALOOSA EYE CARE PA,
(Name of Corporation)

P97000029978, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Wanda Cook Batson
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FL

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