

P97000070591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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MAIL

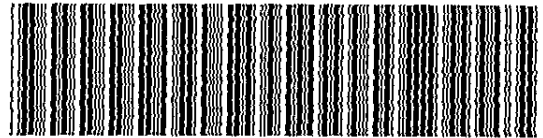
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael Lynch, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P97000070591

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

Please return all correspondence concerning this matter to the following:

Michael Lynch
(Name of Person)

Michael Lynch P.A.
(Name of Firm/Company)

407-A Panay Ave
(Address)

Naples FL 34113
(City/State and Zip Code)

For further information concerning this matter, please call:

Cathy Lynch at (239) 394-7943
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Cathy T. Lynch, hereby resign as Director / Officer
(Title)

of Michael Lynch, P.A.
(Name of Corporation)

P97000070591, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Cathy T. Lynch
(Signature of resigning officer/director)

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SECRETARY 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