

PGT000091935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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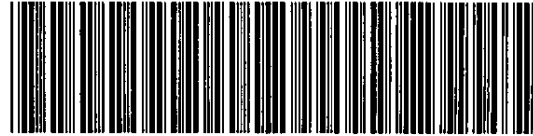
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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R. WHITE

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Check Mate Investigations, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000091935

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

Please return all correspondence concerning this matter to the following:

Greg Wells

(Name of Person)

Check Mate Investigation, Inc

(Name of Firm/Company)

1850 S. Ocean Blvd

(Address)

Lauderdale By The Sea, FL 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

Greg Wells

(Name of Person)

at ( 954 ) 941-6454

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Nancy Place, hereby resign as Vice President  
(Title)

of Check Mate Investigations, Inc  
(Name of Corporation)

P97000091935, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Nancy E. Place  
NANCY E. PLACE (Signature of resigning officer/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

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