

P97000093312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

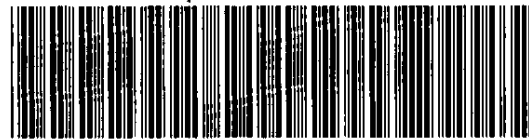
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL -9 AM 11:16

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C.COULLIETTE

JUL 12 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOUCAN'S 1, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** UNKNOWN

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

CHARLES R. MCDEARIS  
(Name of Person)

TOUCAN'S 1, INC  
(Name of Firm/Company)

P.O. Box 1147  
(Address)

PORT SAINT JOE, FLORIDA 32457  
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles R. McDearis at ( 850 ) 653-5240  
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Charles R. McDearis, hereby resign as Owner/Officer  
(Title)

of TOUCANS I, INC.  
(Name of Corporation)

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

FLORIDA

Charles R. McDearis

(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

FILED  
10 JUL -9 AM 11:16  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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

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