

P98000017232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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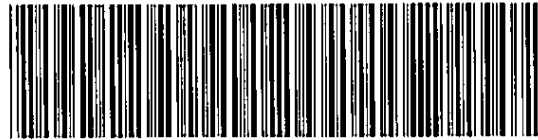
(Business Entity Name)

(Document Number)

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JUL 19 2019

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2019 JUL -8 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FL

o/d-Rosgn

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DR. SEAN CLAFFIE AND ASSOCIATES, O.D., P.A.

(Name of Corporation)

DOCUMENT NUMBER: P98000017232

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

Please return all correspondence concerning this matter to the following:

Dr. Kate Claffie

(Name of Person)

DR. SEAN CLAFFIE AND ASSOCIATES, O.D., P.A.

(Name of Firm/Company)

11942 Wandsworth Drive

(Address)

Tampa, FL 33626

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr Kate Claffie

(Name of Person)

at **813 966-6796**

(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:

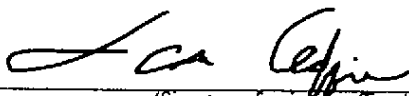
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Sean Claffie, hereby resign as President
(Title)

of DR. SEAN CLAFFIE AND ASSOCIATES, O.D., P.A.
(Name of Corporation)

P98000017232, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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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