## P980000329986

| (Re                                     | equestor's Name)  |                                       |  |
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| PICK-UP                                 | ☐ WAIT            | MAIL                                  |  |
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SECORDADE OF STATE
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## TRANSMITTAL LETTER

| TO:                  | Amendment Section Division of Corporations   |
|----------------------|--|
| SUB                  | TECT: Gary McCormick and Associates, Inc.  |
|                      | (Name of Corporation)  |
| DOG                  | UMENT NUMBER: P98000032986   |
| The                  | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filin   |
| Pleas                | e return all correspondence concerning this matter to the following:   |
| Ga                   | y D. McCormick, Registered Agent   |
|                      | (Name of Person)   |
| Ga                   | y McCormick and Associates, Inc.   |
|                      | (Name of Firm/Company)   |
| 657                  | 0 Bellingham St.   |
|                      | (Address)  |
| Na                   | arre, FL 32566   |
|                      | (City/State and Zip Code)  |
| For f                | orther information concerning this matter, please call:  |
| Gar                  | McCormick at ( 850 ) 939-5749 (Area Code & Daytime Telephone Number)   |
|                      | (Name of Person) (Area Code & Daytime Telephone Number)  |
| Encl                 | sed is a check for \$35.00 made payable to the Florida Department of State.  |
| Ame<br>Divi:<br>P.O. | ng Address: Idment Section Idment Se |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| <sub>I.</sub> Lynda A. Haupert         | , hereby resign as    | Secretary | <del>7</del> |
|--|-----------------------|-----------|--------------|
|  |                       | (Title)   |              |
| of Gary McCormick and Ass              | sociates, Inc.        |           |              |
|  | (Name of Corporation) | ,, ,, ,   |              |
| P98000032986                           | of the State of       |           |              |
| (Document Number, if known)            |                       |           |              |
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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