8000048267

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Ćit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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VOID Resign. OS/OS/OS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Anderson St. Denis & Glenn, P.A.
(Name of Corporation) P98000048267
DOCUMENT NUMBER: P98000048267
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Gregory A. Anderson
(Name of Person)
Anderson St. Denis & Glenn, P. A.
(Name of Firm/Company)
225 Water Street, Suite 2100
(Address)
Jacksonville, FL 32202
(City/State and Zip Code)
For further information concerning this matter, please call:
Karen L. Cody at (904) 633-9402 (Name of Person) (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L DONALD W. ST. DENIS	DONALD W. ST. DENIS hereby resign as Director		
	(Title)	· · · · · · · · · · · · · · · · · · ·	
ofAnderson St. Denis & Gle	enn, P. A. Name of Corporation)	,	
	Name of Corporation)		
P98000048267	, a corporation organized under the laws of the State	of	
(Document Number, if known)			
Florida			
	(Signature of resigning officer/director)	SECRETARY OF COST OF C	
	FILING FEE IS \$35.00		
Make checks paya	able to Florida Department of State and mail to:	PH 1:45	

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