

P98000064416

Requester Name

Address

City/State/Zip

Phone #

300003010173--4
-10/08/99--01079--019
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Johnnie M. Bradshaw Williams
11261 Douglas Drive
Miami, FL 33176

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

AMENDMENTS

- | | |
|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment |
| <input type="checkbox"/> Not for Profit | <input type="checkbox"/> Resignation of R.A., Officer/Director |
| <input type="checkbox"/> Limited Liability | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Domestication | <input type="checkbox"/> Dissolution/Withdrawal |
| <input type="checkbox"/> Other | <input type="checkbox"/> Merger |

OTHER FILINGS

REGISTRATION/QUALIFICATION

- | | |
|--|--|
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Foreign |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Limited Partnership |
| | <input type="checkbox"/> Reinstatement |
| | <input type="checkbox"/> Trademark |
| | <input type="checkbox"/> Other |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

I, JOHNNIE M. BRADSHAW WILLIAMS, hereby resign as PRESIDENT & TREASURER
(Title)

of WILLIAMS-BRADSHAW & ASSOCIATES, INC.
(Name of Corporation)

tax
ID# 65-0853256

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

Johnnie M. Bradshaw Williams
(Signature of resigning officer/director)

FILED
99 OCT -8 AM 10:55
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**