## P98000067294

| (Re                                     | equestor's Name)      |          |  |
|---|-----------------------|----------|--|
| (A                                      | ddress)               |          |  |
| (A                                      | ddress)               |          |  |
| (C                                      | ity/State/Zip/Phone # |          |  |
| PICK-UP                                 | ☐ WAIT                | MAIL     |  |
| (B                                      | usiness Entity Name)  | )        |  |
| (Document Number)                       |                       |          |  |
| Certified Copies                        | Certificates of       | f Status |  |
| Special Instructions to Filing Officer: |                       |          |  |
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03/08/19--01008--016 \*\*35.00

OD Resign.

APR 1 9 2019

D CONNELL

TO:

Amendment Section

Division of Corporations

## TRANSMITTAL LETTER

SUBJECT: PAIN beach New 1994

DOCUMENT NUMBER: P48000 67294.

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

Pale Betch Nevolyy

(Name of Firm/Company)

4631 N. Contros the St200

West Yalk Black 71.33407

For further information concerning this matter, please call:

(Name of Person) at (501) 296.3872

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   | Edwin C Winglen, hereby resign as 18  |  |
|-----|---|--|
| of_ | Pale bent Nerology, P.A.  |  |
|     | (Name of Corporation)  P9 8000 61 29 4 a corporation organized under the laws of the State of (Document Number, if known) |  |
|     | - Horida  |  |
|     | \$5. <b>201</b>   |  |
|     | Signature of resigning difficer/director)   |  |
|     | ASSEEJ ST   |  |

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