P98000072459

(Req	uestor's Name)	****		
(Add	ress)			
(Addi	ress)			
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doci	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		;		

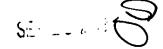
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



COVER LETTER

TO:	Amendment Section Division of Corporations				
SUB	SJECT: WELLER, WYNN AND MORALES, P.A.				
	(Name of Corporation) DOCUMENT NUMBER: P98000072459				
	COMENT NOMBER.				
	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing				
Pleas	se return all correspondence concerning this matter to the following:				
JA'	Y M. WELLER				
	(Name of Person)				
WE	LLER WYNN AND MORALES, P.A.				
	(Name of Firm/Company)				
188	320 U.S. 19 N. Bldg. #2, Suite 200				
	(Address)				
Cle	earwater, FL 33764-3166				
	(City/State and Zip Code)				
For f	further information concerning this matter, please call:				
AL	Y Weller at (127) 539-7701 (Name of Person) (Area Code & Daytime Telephone Number)				
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.				
Ame Divis Clifte 2661	Mailing Address: ndment Section Sion of Corporations on Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314				

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Linda Lee Wynn	, hereby resign as Vice President			
7	, notes y tesign as(T	itle)		•
of WELLER, WYNN AND MORAL	ES, P.A. of Corporation)		,	
P98000072459 (Document Number, if known)	_, a corporation organized under the laws of the	: State of	;	
FLORIDA	•			
	gnature of resigning officer/director)	SECRI TALLAI	06 S	
F	ILING FEE IS \$35.00	ETAR		1
Make checks payable to	o Florida Department of State and mail to:	RY OF STA	4 PM 15:	ロフ

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