

P98000078694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

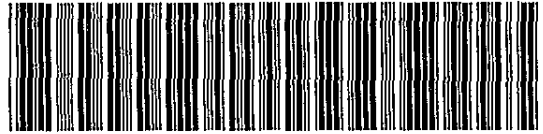
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Senior Adult Mgmt Services Inc
(Name of Corporation)

DOCUMENT NUMBER: P98000078694

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

Please return all correspondence concerning this matter to the following:

Peder Johnson
(Name of Person)

Sen. Adult Mgmt Services, Inc
(Name of Firm/Company)

3056 S.W. 41st Lane
(Address)

Orlando, FL 32814
(City/State and Zip Code)

For further information concerning this matter, please call:

Peder Johnson at (352) 266-1241
(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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

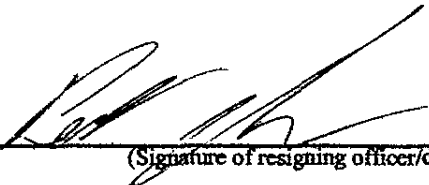
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Peder Johnson, hereby resign as ~~CEO~~ Treasurer
(Title)

of Senior Audit MANAGEMENT SERVICES, INC.
(Name of Corporation)

P98000078694 a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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04 DEC 20 PM 12:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

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