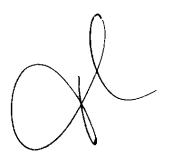
98 000095154

Office Use Only



700429542907

05/09/24--01011--005 **35.00



TRANSMITTAL LETTER

SUBJECT:	(Name of Corporation)	_	
DOCUMENT NUMBER: P98000095154			
The enclosed Officer/Director Resignation f	or a Corporation and fee are submitted for fil	ling.	
Please return all correspondence concerning	this matter to the following:		
Joe E. Whitaker			
(Name of Person)			
Whitaker, Weintraub & Grizzard, M.Ds., P.A.			
(Name of Firm/Company)			•
4108 Henderson Blvd.			
(Address)		2	
Tampa, Florida 33629		2024 P.A.Y	
(City/State and Zip Code)			1
For further information concerning this matt	er, please call:	<u>,</u>	
Joe E. Whitaker	813 289-4321 at ()		

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

TO:

Amendment Section Division of Corporations

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Kristi A. Fitmorris	MD hereby resign as		
	, terwy resign as	(Title)	
W.W.G. Corporation			
(Na	me of Corporation)		 ·
P98000095154 (Document Number, if known)	, a corporation organized under the la	ws of the State o	f
Florida			
	\mathcal{L}_{ℓ}		2024 1
	(Signature of resigning officer/director)		2024 HAY -9
		: 55	AM I

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