## P99000004758

(Requi	estor's Name)	<u></u>		
(Addre	ess)			
(Addre	ss)			
(City/S	tate/Zip/Phone	e #)		
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(Busin	ess Entity Nar	me)		
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Special Instructions to Filing Officer:				

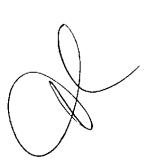




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## TRANSMITTAL LETTER

SUBJECT: Whitaker, Weintraub & Grizz		
-	(Name of Corporation)	
DOCUMENT NUMBER: P99000004	<del>17.58</del>	
The enclosed Officer/Director Resign	nation for a Corporation and t	fee are submitted for filing
Please return all correspondence cond	cerning this matter to the follower	owing:
Joe F. Whitaker		
(Name of Person	n)	•
Whitaker, Weintraub & Grizzard, M.Ds., P.A.	۸.	
(Name of Firm/Com	pany)	
4108 Henderson Blvd.		
(Address)		
Tampa, Florida 33629		
(City/State and Zip (	Code)	
For further information concerning th	is matter, please call:	
Joe E. Whitaker	813 289-4 at ( )	1321
(Name of Person)	(Area Code & Da	vtime Telephone Number)

Mailing Address:

TO:

Amendment Section

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	, hereby resign as			
		(Title)		<del>·········</del>
Whitaker, Weintraub & Gizzard, M.DS. of				_,
(Nar	nc of Corporation)			
P99000004758	, a corporation organized under the laws	of the Stat	e of	
(Document Number, if known)				
Florida				,
	<del></del>			
			20.	
		÷	2024 MAY	
				PRES
	(Signature of resigning officer/director)		6	3
	(Signature of resigning officer/uncolor)	<i>y</i> .	PH	ال او ا
			<del></del>	
			AM II: 03	

## 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