## P99900063231

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

SUBJECT: SUMPEN Group PA

Name of Corporation)

DOCUMENT NUMBER: POOD 6 323

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)

(Name of Firm/Company)

For further information concerning this matter, please call:

(Name of Person) at (Afea Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section

**Division of Corporations** 

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Og OEC 18 AM 11:31

(Title)

of GULWTUER GROUP PA

P 990006333/a corporation organized under the laws of the State of

Florida.

(Signature of resigning officer/director)

## **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