

P99 000070529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

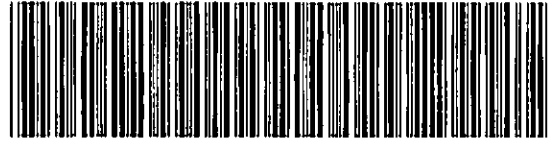
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MAR 15 2022

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TALLAHASSEE, FL

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WolfeWare, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000070529  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Daniel J. Wolfe  
\_\_\_\_\_  
(Name of Person)

WolfeWare, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

1712 Broad Water Court  
\_\_\_\_\_  
(Address)

Fleming Island, FL 32003  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel J. Wolfe at ( 904 ) 215-2821  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Wendy Janisch Wolfe, hereby resign as Director, President and Treasurer  
(Title)

of WolfeWare, Inc.  
(Name of Corporation)

P99000070529, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Wendy Wolfe 3/1/22  
(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

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