P99000070616

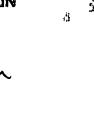
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ıly



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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: O Wow Tax Service, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P99000070616
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Grayce D. O'Connor
(Name of Person)
O Wow Tax Service, Inc.
(Name of Firm/Company)
PO Box 121325
(Address)
West Melbourne, FL 32912-1325
(City/State and Zip Code)
For further information concerning this matter, please call:
Grayce D. O'Connor at (321) 863-6981 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area 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 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Robert J. Gorman	, hereby resign as_	Vice Presiden	ıt			
3	,	((Title)	_		_
of O Wow Tax Service, Inc.			i	TANGE OF THE PARTY	70	,
(Name of Corpo	oration)			<u> </u>		
P99000070616 , a cor	rporation organized un	der the laws of the	he St	ate of	9-9	T -
(Document Number, if known)			, 1		Tá	
Florida			MERCIT		AN ID: 3	J
		5	<u>}</u>			
(Signature	of resigning officer/direc	tor)	-			

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