

P99000087694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200058330152

08/29/05--01045--003 **70.00

FILED
05 AUG 29 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RP

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RE/MAX REALTY EXPERTS
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vivula Amon, Owner
(Name of Person)

RE/MAX REALTY EXPERTS
(Name of Firm/Company)

216 FLACKER AVE
(Address)

NEW SMYRNA BEACH, FL 32169
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Flannery at (386) 257-0200
(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
409 E. Gaines Street
Tallahassee, FL 32399


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LINDA HARGREAVES, hereby resign as DIRECTOR
(Title)

of RE/MAX REALTY EXPERTS, INC.
(Name of Corporation)

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

FLORIDA

 8-14-05
(Signature of resigning officer/director)

FILED
05 AUG 29 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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