## P99000900

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone :	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name	e)
(Document Number)		
Certified Copies	Certificates o	of Status
Special Instructions to Fi	ling Officer:	

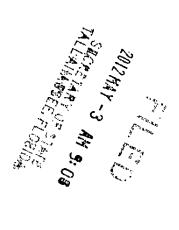




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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: At Home In Key West, Inc
(Name of Corporation)
DOCUMENT NUMBER: P99000092001
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Robin Van Mater
(Name of Person)
At Home in Key West, Inc
(Name of Firm/Company)
905 Truman Ave
(Address)
Key West, FL 33040
(City/State and Zip Code)
For further information concerning this matter, please call:
Robin Van Mater at (305) 296-7975  (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

I, Sybille Z Halford	, hereby resign as SD	
*,	(Title)	
of At Home In Key West, Inc	,	
(Nar	ne of Corporation)	
P99000092001	_, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		
	2012 MAY	
	The company of the co	
ully	(Signature of resigning officer/director)	
	(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