

V63950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CODY COLLINS, INC.
(Name of Corporation)

DOCUMENT NUMBER: V63950

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

Please return all correspondence concerning this matter to the following:

CODY COLLINS
(Name of Person)

CODY COLLINS, INC.
(Name of Firm/Company)

2701 SE 3RD AVENUE
(Address)

CAPE CORAL, FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

CODY COLLINS at (239) 997-1441
(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, LINDA COLLIS, hereby resign as DIRECTOR
(Title)

of CODY COLLINS, INC.
(Name of Corporation)

V63950, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Linda Collis
(Signature of resigning officer/director)

FILED
08 MAY 16 AM 10:42
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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