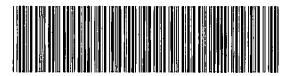
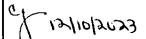
(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	•
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# TRANSMITTAL LETTER

*iO: Amendment Section Division of Corporations
SUBJECT: Poola Realty June (Name of Corporation)
DOCUMENT NUMBER: V64844
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili
Please return all correspondence concerning this matter to the following:
Shannon Alban (Name of Person)
Poole Realty Luc (Name of Firm/Company)
127 E Howard St (Address)
Live Oak, Fr 33004 (City/State and Zip Code)
For further information concerning this matter, please call:
Character Alban at 2810 200 1539 (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, Royald D Fook, hereby resign as Pro-	Side	L.	
of Pook Pratty Ove (Name of Corporation)	(Titl	e) 	
(Document Number, if known)  Clorida	aws of the	State of	
		2023 NOV 27	,
(Signature of resigning officer/director)	····	<b>A</b>	أري

# 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