## P11000056961

-

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



800269705928

03/02/15--01028--011 \*\*35.00

15 MAR -2 AM 9: 47

MAR 1 0 2015 T. CARTER

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Flee + Dyspections Duc (Name of Corporation)
DOCUMENT NUMBER: Pil cocc 56961
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
III Si 10 To Street. (Address)
Hellande Beach, FL 33009. (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (754) 334 7049 (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 2661 Executive Center Circle Tallahassee, FL 32301

**To:** Amendment Section

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

## OFFICER / DIRECTOR RESIGNATION 15 MAR - 2 AM 9: 47 FOR A CORPORATION

1. Jeff Span	, hereby resig	en as Secretary
		(Title)
of Fleet Ins	ame of Corporation)	
P 11 Dood 5 6.96 [ (Document Number, if known)	•	ted under the laws of the State of
Floride.	<u> </u>	
		* 、
	٠,	‡ <i>!</i>
	// /	

FILING FEE IS \$35.00

Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314