## 405137

(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Emily Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200170422902

02/25/10--01021--004 \*\*35.00



De State

## **COVER LETTER**

DIOTOVING INCOR	DODATED
SUBJECT: BIOTOXINS INCOR	(Name of Corporation)
DOCUMENT NUMBER: 4051	•
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
JOHN R. FACENTE	
(Name of Perso	on)
BIOTOXINS INC.	•
(Name of Firm/Con	mpany)
5705 E.IRLO BRONSON MEMO	DRIAL HIGHWAY
(Address)	
SAINT CLOUD, FLORIDA 3477	1-5718
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
JOHN R. FACENTE	eat ( 407 ) 922-1160
(Name of Person)	at ( 407 ) 922-1160  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOHN R. FACENTE	, hereby resign as VICE PRESIDENT		
·	,,	(Title)	
of BIOTOXINS, INC.			
(Name o	of Corporation)		,
(Document Number, if known)	_, a corporation organized un	der the laws of the State	4.
FLORIDA	e Jaumto ignature of resigning officer/direct	LLARASSES, FLORIDA	10 FEB 25 PM 2: 08

## **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