

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1			
(Corporation Name)		(Document #)	
2. (Corporation Name)		(Document #)	8000034910382 -12/07/0001075004
3(Corporation Name)		(Document #)	******35.80 ******35.00
4(Corporation Name)		(Document #)	*
☐ Walk in ☐ Mail out	Pick up time Will wait	Photocopy	Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other		Change of Reg Dissolution/Wi Merger	ithdrawal FILL FILL
OTHER FILIN Annual Rep Fictitious N	ort	Foreign Limited Partne Reinstatement Trademark Other	ORID 15



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 00 DEC -7 AM 10: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, CHARUES AWILLIAMS, hereby resign as V	19. Secretary
of Beverly Hus, LIMITE (Name of Corporation)	D, IAC.
a corporation organized under the laws of the State of	}

and affirm that the corporation has been notified in writing of the resignation.

Che (Signature of resigning officer/director)
12/2/30

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314