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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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TRANSMITTAL LETTER

Division of Corporations	_
SUBJECT: /// Jenny Jenny (Name of Corp.	poration)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resignation for a Corporat	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Mirch Zan J (Name of Person)	_
(Name of Person)	The second of th
(Name of Firm/Company)	
(Name of Firm/Company)	*** *** · · · · · · · · · · · · · · · ·
1537 stacker Tar. (Address)	to the second se
Mobile (City/State and Zip Code)	
For further information concerning this matter, please call	l:
(Name of Person) at (F86	ode & 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

Amendment Section

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	This Cent hereby resign as Boar	(Title)
of_	(Name of Corporation)	.=
	(Document Number, if known) a corporation organized under the laws of	the State of
	(Signature of resigning officer director)	O4 JUL 30 MM 9: 26 SECRETY/SEY EF STATE TALLAHIY/SEY EF FLORIBA

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