110500009805

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

SUBJECT: FRIENDS-Support I	nc.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: N050	000009805
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence con	ncerning this matter to the following:
Pamela Arnoldson	
(Name of Pers	on)
FRIENDS-Support Inc.	
(Name of Firm/Co	mpany)
6011 Palomaglade Dr.	
(Address)	
Lithia, FL 33547	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Pamela Arnoldson	at (813) 651-0541 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	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

TÖ:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	DIRECTOR RESIGNATION OR A CORPORATION
I, Donna Kieman	, hereby resign as Director/Treasurer (Title)
of FRIENDS-Support Inc.	e of Corporation)
N0500009805 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
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(Signature of resigning officer/director)

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