## P02000037473

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Gity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Out Table 10 to
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.





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11 JUL 25 AM IO: 33
SECRETARY OF STATE

11 7-21-11

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CRJ & Associates, Inc. (Name of Corporation)
DOCUMENT NUMBER: <b>P02000</b> 37473
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filir
Please return all correspondence concerning this matter to the following:
Duvid A. Withvin (Name of Person)
(Name of Person)
Rulnick & Wetburn
(Name of Firm/Company)
9734 Wrst Sumph Road (Address)
(val 5 prinss, FL 33065
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (454) 346 - 5001 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 11 JUL 25 AM 10: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

 Harry		1/15	<u> </u>		, h	ereby re	sign as	DI	CC 17	1	(Title)	711
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 02 00	003	74	73					nder th	e law	s of t	the Stat	e of

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