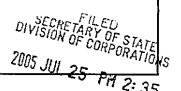
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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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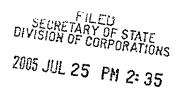
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bilbrey & Cowan, P.A. (Name of Corporation)
DOCUMENT NUMBER: P = 3000067386
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ross L. Bilbrey
(Name of Person)
Bilbrey & Cowan, P.A.
(Name of Firm/Company)
200 East Government St., Suite 130
(Address)
Pensacola, FL 32502
(City/State and Zip Code)
For further information concerning this matter, please call:
Ross L. Bilbrey 850 \ 438-3338
Ross L. Bilbrey at (850) 438-3338 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	, hereby resign as President and Director
	(Title)
of Bilbrey & Cowan, P.A.	
(Name of Co	prporation)
PO3 00 0 0 6 7386, a (Document Number, if known)	corporation organized under the laws of the State of
Florida	<u>m</u>

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