P0300013184Z

(Requestor's Name)					
(Address)					
(Ac	idress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only

CD/Kes



000061897810

12/09/05--01027--005 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Kugle, hc. (Name of Corporation)				
DOCUMENT NUMBER: PO3000131842				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Gretchen Zagame, Sec/Treas (Name of Person)				
(Name of Firm/Company)				
10305 Worthglen Dr.				
Clermont FL 34711 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Gretchen Transa 1252 217-3MU				
(Name of Person) at (352) 267-3004 (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				
Please contact me at 352-267-3004 with				
any questions. Thank you,				
any questions. Thank you, G. Zagame				
CR2E044(08/05)				

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

M			
1. Gretchen Tag	ame	hereby resign as <u>Se C</u>	Treas (Title)
of Kugle, Inc.	(Name of Corporation)		, , , , , , , , , , , , , , , , , , , ,
Posco 131842 (Document Number, if known	a corporat	ion organized under the l	aws of the State of
Florida			3,
			THE RESERVE THE
Joh	ku Jagan	gning officer/director)	- 10 m
-	Commander of the	Sime omoordineen)	

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