P03000151411

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

Office Use Only



600079033416

08/24/06--01014--023 **35.00

FILED

06 AUG 24 PM 2: 46

SECRETARY OF STATE, ALLAHASSEE, FIORILA.

O Redu o

COVER LETTER

MICHAEL BASSOUS ENTERPRISES, INC. (Name of Corporation) P03000151411 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL BASSOUS (Name of Person) MICHAEL BASSOUS ENTERPRISES, INC. (Name of Firm/Company) 755 N. INDIAN ROCKS RD. (Address) BELLEAIR BLUFFS, FL 33770 (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL BASSOUS (Name of Person)

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ĺ	HANNA	c.	ILIA	_, hereby resign as_	TREASURER		
-,			,	,,,,009 102,g.:	(Tid	e)	
of_MICHAEL BAS							,
		(Nam	e of Corpora	tion)			
P03000151411 (Document Numb	er if known)		, a corpo	oration organized un	der the laws of the	State of	
,	CI, II KIIOWII)						
FLORIDA							
	ŧ	70	(Signature of	C / / / / / C resigning officer/direct	ÄLLÄHÄSSEE, FLORID.	PH 2: 4	

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