

P96000040756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

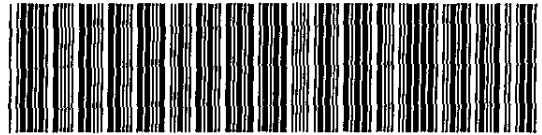
(Business Entity Name)

(Document Number)

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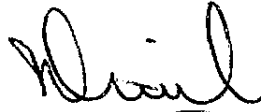
FILED  
03 NOV 10 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, HENRI DINEL, hereby resign as DIRECTOR  
(Title)

of AGRONIX, INC.  
(Name of Corporation)

(Document Number, if known) a corporation organized under the laws of the State of  
FLORIDA



28-10-2003

(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

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