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Ramalho 9445 Southampton Place Boca Ratan FL 33434

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Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	<u> </u>
(Corporation Name)	(Document#) 300047649238 -01/10/0201048003 ******35.00 ******35.00
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4(Corporation Name) Walk in Pick up time	(Document #) Certified Copy
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

OFFICER / DIRECTOR RESIGNATION

Ι,	Jim Strianese, hereby resign as Perident Oirector	~
of	(Name of Corporation) The.	
a corp	poration organized under the laws of the State of	
and a	affirm that the corporation has been notified in writing of the resignation.	
	(Signature of resigning officer/director)	
	Y OF STATE CORNER	Ti J

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314