## P00000088897

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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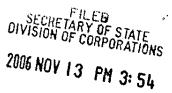
Ps (1/1400).

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Axcian Enterprices Inc. (Name of Corporation)  DOCUMENT NUMBER: POGOSOS 88897
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Nelly Trujills (Name of Person)
Axcion Enterprices Onc. (Name of Firm/Company)
16337 Birchwood Way (Address)
Orlando Fl. 32828 (City/State and Zip Code)
For further information concerning this matter, please call:
Nelly TRUJILO at (407) 382-6505 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Nelly TRUJULU	, hereby resign as_	administrate (Title)
of Axcloy Exter	Prices In Coff Corporation	<u>,</u>
Po 6 0000 88897 (Document Number, if known)	, a corporation organized un	der the laws of the State of
Plorida		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314