## P96000048232

(Red	questor's Name)											
(Add	dress)											
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(City	//State/Zip/Phone	e #)										
PICK-UP	☐ WAIT	MAIL.										
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(Doc	cument Number)											
Certified Copies	Certificates	of Status										
Special Instructions to F	Filing Officer:											
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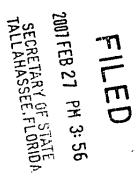
Office Use Only



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NSignation

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: WAIRE of FLORIDA, INC. (Name of Corporation)
(Name of Corporation)  DOCUMENT NUMBER: P9600048232
DOCUMENT NUMBER: 7 76000048 252
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHARIES F. LAFRANO (Name of Person)
(Name of Firm/Company)
2100 ROSS AUENUE (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (214) 154-1899 (Area Code & Daytime Telephone Number)

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2007 FEB 27 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORID.

	CE.FLORIDA
I, NANCY FRANKLET, hereby resign as TREASUR	ER tle)
of CuliNAIRE of FLORIDA, INC. (Name of Corporation)	,
P96000 48 232 , a corporation organized under the laws of the (Document Number, if known)	State of
FLORIDA.	

X Dain Frankling (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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