## 610610

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETARY SPISTATE

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C. CARROTHERS

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

...

SUBJECT:	BERNUTH	AGENCIES	lac.	Corporation)	
			(Name of 6	Corporation)	
DOCUMENT NU	MBER:	610	010		
The enclosed Offic	er/Director R	esignation f	for a Corpo	oration and fee a	re submitted for filing.
Please return all co	rrespondence	concerning	g this matte	er to the followin	ıg:
Rano	A AUSXADD (Name of I	Policy Person)			
Aus	<b>xAdDrakus</b> Name of Firm	(Aco LL) (Company)	<u>c</u>	<u>_</u>	
3201	<u>dw 24 s</u> (Addre	<b>7/P.O</b> ss)		<del></del>	
MIRMI	FL 33142 City/State and	Zip Code)			
For further informa	tion concerni	ng this mat	ter, please	call:	
PLATON ACE (Na	me of Person)		_ at ( <u><b>78.6</b></u> (Are	o <u>) <b>853 - 49</b></u> ea Code & Daytim	<b>69</b> se Telephone Number)

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

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	EVANGELIA HONOCAMDILOS	, hereby resign as SECRETARY DIRECTOR (Title)
C	Consultation Name	Lie
of	BERNUM AGENC (Name	e of Corporation)
	610 610 (Document Number, if known)	, a corporation organized under the laws of the State of
	FLORIDA	<u></u> .

(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