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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT (Name of Corporation) -50 DOCUMENT NUMBER: SHU

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

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OCRA of Person STIE STRI N DOD ame of Firm/Company ルマ 5D (ddress)

(City/State and Zip Code)

For further information concerning this matter, please call:

Hon A (Name of Person) (Area Code & Davtime Telephone Number)

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

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section **Division** of Corporations Post Office Box 6327 Tallahassee, FL 32314

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				R / DIRECTOR RESIGNATION OR A CORPORATION		
	I,	Kais	He A. Coc	nely_ hereby resign as_ <u>treasur</u>	20	
	of	NG	SSGU PO	nots (Construction, Inc me of Corporation)	<del></del>	
		(Document	532 t Number, if known)	, a corporation organized under the laws of the State	e of	
	<u>(</u> -	Flori	da	·		

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(Signature of resigning afficer/director) 2011 MAR -7 PM 12: 15 ī SEE. RLORIDA **FILING FEE IS \$35.00** 

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

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