482852

(Requestor's Name)
(Address)
(Address)
(riddices)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



600060912136

10/25/05--01067--009 **35.00

FILED

05 0CT 25 AM ID: 00

SLUNETARY OF STATE
TALLAHASSEE, FLORIDA

0D/Res

Office Use Only

COVER LETTER

SUBJECT: Welker Moms Cracker Box

(Name of Corporation)

DOCUMENT NUMBER: 482853

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

Please return all correspondence concerning this matter to the following:

Jeanine A. Welker

(Name of Person)

Welker Moms Cracker Box

(Name of Firm/Company)

Logit Mc Gregor Blud

(Address)

For further information concerning this matter, please call:

Teanine A. Welker at (239, 466-0038)

(Name of Person)

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

Amendment Section

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Sanine. Wolker, hereby resign as (Title)	•
of Welker Momo Cracker Box. (Name of Corporation)	
(Document Number, if known) a corporation organized under the laws of the State of	
Horida	-
(Signature of resigning officer/director) (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

N. D. POKORNY
Commission # D00152007
Expires 9/19/2008
Banded through
(800-432-4254) Florida Notary Assn., Inc.

× personally known