## 561604

(Requestor's Name)
(Address)
(Address)
( in the second
(City (Chana (Zin (D) and 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Q - MASTERS INC (Name of Corporation)
DOCUMENT NUMBER: 56/604
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mitchell Soligian (Name of Person)
(Name of Firm/Company)
5921 5W 19 5T (Address)
Plantation, FL 33317 (City/State and Zip Code)
For further information concerning this matter, please call:
MITCHELL SOLIGAV at (954) 394 - 8971 (Name of Person) at (954) Area Code & Daytime 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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Mitchall	SOCIGAN	, hereby resign as	SECRETARY/	PINECTOR
of_	Q-	MASTS (Name of Co	PS INC.	· · · · · · · · · · · · · · · · · · ·	····································
-	561604 (Document Number	, if known) , a (	corporation organized unde	er the laws of the State	of
	Trone ta	<del></del> ·			
	_	HAG) (Signat	ure of regigning officer/director	ARY OF SSEE.F	OZ NON 13 PH SP

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

FILING FEE IS \$35.00

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