## 635694

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

Office Use Only

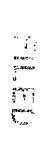


400183783294

08/15/11--01031--024 \*\*70.00

SECRETARY OF SEALE

2111 AUG 15 AM 9: 42



## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Centurion III Inc. (Name of Corporation)  |
| DOCUMENT NUMBER: 635699  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following:                    |
| Chris Taylor (Name of Person)  |
| Centurion III Inc, (Name of Firm/Company)  |
| 75 Bay Grove Blud  |
| Freeport FL 32439 (City/State and Zip Code)  |
| For further information concerning this matter, please call:                                 |
| Chris Toylor at (850) 830-3305 (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

TO: Amendment Section

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | Chris Taylor , hereby resign as Pre                               | ·siden }           |  |
|----|---|--------------------|--|
| of | Centurion III, Inc. (Name of Corporation)                         |                    | ,  |
|    | (Document Number, if known), a corporation organized under the la | ws of the State of |  |
|    | Florida.  | 34-CC              |  |
|    |   | ALLAHASSE          | is to the second of the second |
|    | (Signature of resigning officer/director)                         | 9: L               | Production of the state of the  |

## 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