(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	#)
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FILED
2008 JUL 16 AM IO: 05

Officer Resignation
TB 7/21/08

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: IRT- ARCON TAC. (Name of Corporation) DOCUMENT NUMBER: F20 1D4 20-0991839
DOCUMENT NUMBER: F=Q (D= 20-0991839
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John D'Anaunzio (Name of Person)
(Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
4215 Washington Crossent
(Address)
Tro. MI 48085 (City/State and Zin Code)
(City/Date and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (810) 343-378/ (Area Code & Daytime Telephone Number)
(Name of Person) (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

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I,	John	<u>A.</u>	D'An	U1214	, hereby re	esign as	Presiden	₹ (Title)	
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FC	5000	000'			poration orgai	nized under	the laws of	the State of	
	Neva	. Da		·				2008 JUL 16 SECHETAR TALLAHASS	71
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				02/	7			AHID: US	r R
				' (Signature	of resigning off	icer director)	1	727	

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