## F07000005229

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	<del>: #)</del>
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## **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJEC	CT: KESSE/NING /	Holding Composation me of Corporation)  00005289
DOCUM	MENT NUMBER: <u> = 0 700</u>	0005229
		Corporation and fee are submitted for filing.
Please re	eturn all correspondence concerning this	s matter to the following:
	(Name of Firm/Company)	
193	56 MAIN ST.	
	(Address)	
SAI	(Address)  (Address)  (ASO FA FL 342  (City/State and Zip Code)	240
	ner information concerning this matter, p	
		( <u>941</u> ) S37 N/27 (Area Code & Daytime Telephone Number)
	at	

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

**FILING FEE IS \$35.00** 

(Signature of resigning officer/director)

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

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